Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
Chuck, Reed

Agency Name
City of San Jose

Agency Street Address
200 E. Santa Clara St. San Jose, CA 95113

Designated Contact Person (Name and title, if different)
Ahmad Chapman

Area Code/Phone Number
408-535-4800

E-mail (Optional)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Devcon Construction, Inc.
Name
690 Gibraltar Dr.

Address
City
State
Zip Code
Milpitas
CA
95035

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
San Jose Silicon Valley Chamber of Commerce
Name
101 W. Santa Clara St.

Address
City
State
Zip Code
San Jose
CA
95113

4. Payment Information (Complete all information.)

Date of Payment: 4/21/14

Amount of Payment: (In-Kind FMV) $ 25,000

(Round to whole dollars.)

Payment Type: ☑ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☐ Charitable

Describe the legislative, governmental, charitable purpose, or event: Fundraising for Regional Economic Development Initiative

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 5/15/14

By
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)