Payment to Agency Report

1. Agency Name
City of San Jose

Division, Department, or Region (if applicable)
City Manager's Office

Street Address
200 E. Santa Clara Street

Area Code/Phone Number
(408) 535-8100

Email
webmaster.manager@sanjoseca.gov

Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
- Individual
  - Last Name: Pacific Gas & Electric Company
  - First Name: Name
  - Address: P.O. Box 997300
  - City: Sacramento
  - State: CA
  - Zip Code: 95899

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
- Location of Travel:
- Transportation Provider:
  - Rail
  - Air
  - Bus
  - Auto
  - Other

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:
- Dates (month, day, year): 1/26/16
- Total Expenses: $923.00

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
PG&E Step Up an Power Down Commendation Luncheon at San Jose City Hall in the Rotunda.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
See Attached Form 802

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: [signature]
Print Name: Norberto Duenas
Title: City Manager
Date: 3/10/16

Comment:
(Use this space or an attachment for any additional information)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
City Manager's Office
Designated Agency Contact (Name, Title)
Norberto Duenas
Area Code/Phone Number E-mail
(408) 535-8111 webmaster.manager@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 92.30
Event Description: San Jose Step Up and Power Down Date(s) 1/26/16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Official's Name (Last, First)

3. Recipients
☐ Use Section A to identify the agency’s department or unit. ☑ Use Section B to identify an individual. ☐ Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of San Jose</td>
<td>10</td>
<td>PG&amp;E Step Up and Power Down Commendation Luncheon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following: Ceremonial Role ☑ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>See attached list of employees</td>
<td></td>
<td>PG&amp;E to present commendations to staff at the Step Up and Power Down Luncheon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Norberto Duenas
Print Name: City Manager
Title: (Month, Day, Year) 3/6/16

Comment: 
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romanow</td>
<td>Kerrie</td>
</tr>
<tr>
<td>Loft</td>
<td>Jennie</td>
</tr>
<tr>
<td>Carpenter</td>
<td>Ariel</td>
</tr>
<tr>
<td>Benabente</td>
<td>Julie</td>
</tr>
<tr>
<td>Chapman</td>
<td>Ahmad</td>
</tr>
<tr>
<td>Dworjack</td>
<td>Safia</td>
</tr>
<tr>
<td>English</td>
<td>Megan</td>
</tr>
<tr>
<td>Ledesma</td>
<td>Paul</td>
</tr>
<tr>
<td>Huynh</td>
<td>Leanna</td>
</tr>
<tr>
<td>Starbird</td>
<td>Weston</td>
</tr>
</tbody>
</table>