

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp RECEIVED San Jose City Clerk 2012 JAN 17 P 4: 52	California Form 803 For Official Use Only
Pyle, Nancy			
Agency Name			
City of San Jose			
Agency Street Address			
200 E. Santa Clara Street, 18th Floor, Santa Clara, CA 95113			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Linda Alexander, Executive Assistant		Date of Original Filing: <u>1/17/12</u> <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>		
408-535-4910			

2. Payor Information *(For additional payors, include an attachment with the names and addresses.)*

Silicon Valley Community Foundation			
Name			
2440 West El Camino Real, Suite 300	Mt. View	CA	94040
Address	City	State	Zip Code

3. Payee Information *(For additional payees, include an attachment with the names and addresses.)*

Almaden Lake Park			
Name			
15652 Almaden Expressway	San Jose	CA	95120
Address	City	State	Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 05/2010 *(month, day, year)* Amount of Payment: *(In-Kind FMV)* \$ 10,000.00 *(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: The purpose of the Charitable event was to support the 2010 Summer Swim Program at Almaden Lake Park, San Jose

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 Jan. 17, 12 DATE

By Nancy Pyle SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER