

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Reed, Chuck		RECEIVED 2012 JAN 12 A 9:24 Date Stamp	California 803 Form For Official Use Only
Agency Name City of San José			
Agency Street Address 200 E Santa Clara Street, San José, California 95113			
Designated Contact Person (Name and title, if different) Sara Wright, Agenda Services Manager			
Area Code/Phone Number (408) 535-4800	E-mail (Optional) mayoremail@sanjoseca.gov	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: 01/17/12 <small>(month, day, year)</small>	

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

Elaine Curran, Executive Director, Leo M. Shortino Family Foundation

Name

1760 The Alameda	San José	CA	95126
Address	City	State	Zip Code

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

Safe Summer Initiative Fundraising Campaign

Name

200 E Santa Clara Street	San José	CA	95113
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/02/11 Amount of Payment: (In-Kind FMV) \$ 50,000
(month, day, year) (Round to whole dollars.)

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

Brief Description of In-Kind Payment: Check

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

Describe the legislative, governmental, charitable purpose, or event: The Safe Summer Initiative offers grants to non-profit organizations to provide safe community events/programs that encourage outdoor social activity for youth.

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 1/10/12
DATE

By Chuck Reed
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER