

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 2012 JAN 12 A 9:25 City Clerk	<b>California Form 803</b> For Official Use Only
Reed, Chuck			
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)		<input type="checkbox"/> Amendment (See Part 5)	
Sara Wright, Agenda Services Manager		Date of Original Filing: 01/17/12	
Area Code/Phone Number	E-mail (Optional)	(month, day, year)	
(408) 535-4800	mayoremail@sanjoseca.gov		

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

Reader's Digest

Name

750 3rd Avenue

New York

NY

10017

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: 09/19/11 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 11,000 (Round to whole dollars.)

Payment Type: [X] 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 [X] 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 1/17/12 DATE

By Chuck Reed SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER