## RECEIVED A Public Doctimentse City Clerk

Behested Payment Report	A Public Docume	e <b>ht</b> se City Clerk	Behested Payment Report
1. Elected Officer or CPUC Member (Last name) Agency Name	ne, First name) 2016 S	EP 19 PM 1: 56	California 803 Form For Official Use Only
City of San Jose	V = T CACOLO		,
Designated Contact Person (Name and title, if difference of the Contact Person (Name and title)).	711()	☐ Amendment (See Part	5)
Area Code/Phone Number   E-mail (Optional)	VILLAGE MODIFICATION	Date of Original Filing: _	(month, day, year)
2. Payor Information (For additional payors, include	an attachment with the names and	addresses.)	
HUMO N. 36th St. 5	wite 200 Phoen	nix AZ State	850) 8 Zip Code
3. Payee Information (For additional payees, include			
Address  Name  200 E. Santa Cla	wast. San J	165e CA State	75113 Zip Code
A. Payment Information (Complete all Information.)  Date of Payment: ① 9 13 1 (Complete all Information.)  All (Month, day, year)  Payment Type: 风 Monetary Donation  Brief Description of In-Kind Payment:	mount of Payment: (in-Kind FN n <b>or</b> ☐ In-Kind Go	(Round to whole coods or Services (Provide	
Purpose: (Check one and provide description below.)  Describe the legislative, governmental, char  Community Festival No	Legislative Governitable purpose, or event:		itable ocha Camden
5. Amendment Description and/or Commo			Comm. Center
5. Verification		Δ	
I certify, under penalty of perjury under the laws of the herein is true and complete.	e State of California, that to the	best of my knowledge, the	e information contained
Executed on 9/16/16	By SIGNATURE	E OF ELECTED OFFICER OR CPUC	MEMBER