В	ehested Payment Report A Public Docume	A Public Document	
1.	Elected Officer or CPUC Member (Last name, First name)	Pate Stamponk	California 203
	Reed, Chuck	1 - COO DILY DIGHT	Form
	Agency Name	www.a.a.a.ar	For Official Use Only
	y	JAN 12 A 9:25	
	Agency Street Address		
	200 E Santa Clara Street, San José, California 95113 Designated Contact Person (Name and title, if different)		
	· · · · · · · · · · · · · · · · · · ·	Amendment (See Part 5)	
	Sara Wright, Agenda Services Manager Area Code/Phone Number E-mail (Optional)	Date of Original Filing: _	01/17/12
	(408) 535-4800 mayoremail@sanjoseca.gov		(month, day, year)
2	Payor Information (For additional payors, include an attachment with the names and	addresses)	
- .			
	Todd Trekell, Development Project Mgr,Barry Swenson Builder Name		
	777 N. First Street, 5th Floor San José	CA	95112
	Address City	State	Zip Code
3.	Payee Information (For additional payees, include an attachment with the names and addresses.)		
	Downtown for the Holidays Fundraising Campaign		
	Name	·	
	28 North First Street #1000 San José	CA	95113
	Address City	State	Zip Code
4.	Payment Information (Complete all information.)		
	Date of Payment: 07/28/11 Amount of Payment: (In-Kind FMV) \$ 5,000 (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.)		
	A fundacing compaint to cumpert		
	besome the legislative, governmental, charitable purpose, or events		
	Christmas in the Park, Winter Wonderland, and San José Downtown's other primary holiday events.		
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.		
	1 /		
	Executed on 1/10/12 By	de 12e	(40
	DATE SIGNATU	RE OF ELECTED OFFICER OR CPUC	MEMBER