Behested Payment Report		A Public	Docume	Behested Payment Report	
1.	Elected Officer or CPUC Mem	ber (Last name, First name)		Date Stamp	California 803
	Reed, Chuck		. N 1	FACOU ON MON	Form For Official Use Only
	Agency Name			WH 10 A 0. Oh	Por Official Use Offig
	City of San José		2012	JAN 12 A 9: 24	
	gency Street Address				
	00 E Santa Clara Street, San José, California 95113 esignated Contact Person (Name and title, if different)				
	1		Amendment (See Part 5)		
	Sara Wright, Agenda Services Ma  Area Code/Phone Number E-mai	l (Optional)		Date of Original Filing: _	01/17/12
		remail@sanjoseca.gov	4		(month, dəy, year)
2.	Payor Information (For additional)		e names and a	addresses.)	
		<b>,</b>			
	Carmen Castellano, President, Castellano Family Foundation  Name				
	P.O. Box 4874	San José		CA	95150-4874
	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	g Campaign			
	200 E Santa Clara Street	San José		CA	95113
	Address	City		State	Zip Code
4. Payment Information (Complete all information.)					
	Date of Payment:				
	Purpose: (Check one and provide description below.)				
	Describe the legislative, governmental, charitable purpose, or event:  The Safe Summer Initiative offers grants				
Describe the legislative, governmental, chartable purpose, or event.					Lactivity for youth
Lance of the lance	non-profit organizations to provide safe community events/programs that encourage outdoor social activity for youth.				
5.	Amendment Description or C	omments			
6.	Verification				
	certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained erein is true and complete.				
	noron is true and complete,				
	1.51.5	(	<u> </u>	1 0-	
Executed on By SIGNATURE OF ELECTED OFFICER OR CPU					MEMBER