

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp 2014 JAN -8 PM 1:08	California Form 803 For Official Use Only
Campos, Xavier			
Agency Name			
Councilmember - City of San Jose			
Agency Street Address			
200 E. Santa Clara St., San Jose, CA 95112			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Garrett Radcliffe		Date of Original Filing: 01/08/14	
Area Code/Phone Number		<i>(month, day, year)</i>	
408.535.4947	E-mail <i>(Optional)</i>		
	garrett.radcliffe@sanjoseca.gov		

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

First 5 of Santa Clara County

Name

4000 Moorpark Ave. #200 San Jose CA 95117

Address City State Zip Code

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

San Jose Police Foundation

Name

101 W. Santa Clara Street San Jose CA 95113

Address City State Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 10/23/13 Amount of Payment: *(In-Kind FMV)* \$ 5000.00

(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: _____

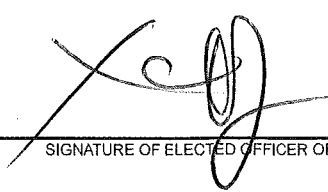
Purpose: *(Check one and provide description below.)* Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Monetary Donation to support the City's Gun Buyback program

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 01/08/14 By 

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER