Behested Payment Report

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Behested Payment Report

California Form 803

For Official Use Only

Date Stamp

1. Elected Officer or CPUC Member *(Last name, First name)*

Reed, Chuck

Agency Name

City of San Jose, Mayor's Office

Agency Street Address

200 E. Santa Clara Street, 18th Floor, San Jose, CA 95113

Designated Contact Person *(Name and title, if different)*

Richard Hong, Agenda Services Manager

Area Code/Phone Number	**E-mail** *(Optional)*
408-535-4800	mayoremail@sanjoseca.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 08/22/2013 *(month, day, year)*

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

Action Now Initiative
Name

1120 Avenue of the Americas	New York	NY	10036
Address	City	State	Zip Code

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

San Jose Silicon Valley Chamber of Commerce
Name

101 W. Santa Clara Street	San Jose	CA	95113
Address	City	State	Zip Code

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

Date of Payment: 07/24/2013 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 200,000 *(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: Policy analysis for statewide pension reform.

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 8/21/13 (DATE) By Chuck Reed (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)