

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Mayor and Council Office Division, Department, or Region (if applicable) Councilmember of District 4 Street Address 200 E. Santa Clara St, San Jose CA 95113 Area Code/Phone Number 408-535-4904 Agency Contact (name and title) Councilmember Lan Diep		RECEIVED San Jose City Clerk Date Stamp OTC CT 2017 NOV 15 PM 2:35	California Form 801 For Official Use Only
Email District4@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual _____ Other Center for Popular Democracy

Last Name: _____ First Name: _____ Name: _____
 449 Troutman Street, Suite A Brooklyn NY 11237
 Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Brooklyn, New York
 Location of Travel

JetBlue _____ Rail Air Bus Auto Other _____
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
Millennium Hilton New York

\$ 801.00	\$ 67.00	\$ 798.39	\$ _____	\$ 1,666.39
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Jet Blue- 798.39
 Millennium Hilton New York Hotel- 801.00
 Meals-67.00

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

San Diep Lan Diep Councilmember 11/15/17
 Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

