Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp
RECEIVED
MAR 14 2018
City of San Jose
Office of the City Clerk

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

San Jose Mayor's Office Office of the City Clerk

Street Address

200 E. Santa Clara St

Area Code/Phone Number: 4085354900

Email: mayoremail@sanjoseca.gov

Agency Contact (name and title): Shireen Santosham Toni J. Taber, CMC

☐ **Amendment** (explain in comment section)

Date of Original Filing: 03/14/18 (month, day, year)

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name ☑ Other eRepublic Name

100 Blue Ravine Road (Address) Folsom (City) CA (State) 95630 (Zip Code)

e.Republic is a media and research company focused exclusively on state and local government and education.

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

Phoenix, AZ (Location of Travel) 05/23/17 (Dates (month, day, year))

Southwest (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Sheraton Grand (Name of Lodging Facility)

$268.00 Lodging Expenses $_____ Meal Expenses $277.96 Transportation Expenses $59.00 Other Expenses $604.96 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.

Attended the Summit on Government Performance and Innovation 2017. We were one of the cities nominated for the award so were able to recieve sponsored travel

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

Last Name	First Name	Position/Title	Department/Division
Santosham	Shireen	Sr. Advisor	Mayor's Office

4. Verification

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

Signature: [signature] Print Name: Toni Taber Title: City Clerk (month, day, year): 4/13/18

Comment:

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

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