

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Mayor / Council

Street Address

200 E Santa Clara St.

Area Code/Phone Number

408 535-4861

Agency Contact (name and title)

Toni Taber, city Clerk

Email

ingrid.holgun@sanjoseca.gov

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Amendment (explain in comment section) Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other National League of Cities

660 N. Capital St. NW Washington DC 20001

Association & Training: US city staff electeds

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 Washington DC 5/22-28/2017

Delta Transportation Provider Rail Air Bus Auto Other NA

Lodging Expenses \$0 Meal Expenses \$20.26 Transportation Expenses \$600 Other Expenses \$71.23 Total Expenses \$691.49

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.

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

Holgun Ingrid Policy Advisor Mayor's Office

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.

Signature Ingrid Holgun Policy Advisor 6/19/2017

Signature Toni Taber City Clerk 6/19/2017

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