

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Library		RECEIVED San Jose City Clerk e-mail me 2023 AUG 16 AM 11:06	
Street Address 150 E. San Fernando St., San Jose CA 95112			<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number 408-535-3500	Email sandra.cranford@sanjoseca.gov		
Agency Contact (name and title) Sandra Cranford			

2. Donor Name and Address

Individual _____ Other California Library Association

Last Name First Name Name

1055 E. Colorado Blvd. 5th Floor Pasadena CA 91106

Address City State Zip Code

CLA is a body of librarians that represent and promotes the interest of librarians and library sciences in California

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 Sacramento, CA 06/02/2023 -06/03/2023

Location of Travel Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other

Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ 75 \$ 75

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.

1 Complimentary ticket to attend the Conference Awards Ceremony.

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

Castaneda	Elizabeth	Public Information Manage	Library
_____	_____	_____	_____
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.

<u>Jill Bourne</u>	Jill Bourne	Library Director	07/13/23
_____	_____	_____	_____
Signature	Print Name	Title	(month, day, year)

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