

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San José

Division, Department, or Region (if applicable)

Mayor's Office

Street Address

200 East Santa Clara St. 18th Fl.

Area Code/Phone Number

408-535-1260

Email

city.clerk@sanjoseca.gov

Agency Contact (name and title)

Toni Taber

RECEIVED San Jose City Clerk e-mail 2023 NOV -2 PM 12: 34

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

The United States Conference of Mayors

Name

1620 I St. NW

Washington

D.C.

20006

Address

City

State

Zip Code

official non-partisan organization of cities with a population of 30,000 or larger

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

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

09/25/2023 Dates (month, day, year)

\$ 250 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Apple AirPods were given as welcoming gift.

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

Mahan

Matt

Mayor

Mayor's Office

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.

mjrodriguez Signature

Joy Rodriguez Print Name

Asst. City Clerk Title

10/30/2023 (month, day, year)

Comment:

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