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San Jose City Clerk

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

San Jose Fire Department

Division, Department, or Region (if applicable)

Fire Communications

Street Address

1661 Senter Rd STE 300, San Jose CA 95112

Area Code/Phone Number

408-794-1285

Email

michael.wodnick@sanjoseca.gov

Agency Contact (name and title)

Michael Wodnick, Division Manager

2024 MAY -3 AM 8:58

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

Other

Santa Clara County Public Safety Commuica

Last Name

First Name

Name

601 El Camino Real

Santa Clara

CA

95050

Address

City

State

Zip Code

PSCMA is a group of public safety emergency communication managers and supervisory-level personnel from various agencies throughout the county drawn together to assess emergency communication issues and facilitate the means to deal with them.

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

800 4th Street, Paso Robles, CA 93446

Location of Travel

October 12-13, 2023

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Oxford Suites Paso Robles

Name of Lodging Facility

\$ 214.48

Lodging Expenses

\$

Meal Expenses

\$

Transportation Expenses

\$

Other Expenses

\$ 214.48

Total Expenses

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

\$ 214.48

Dates (month, day, year)

Total Expenses

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

As the Communications Division Manager for the San Jose Fire Department, Michael Wodnick is a member of PSCMA. This leadership training event is hosted by PSCMA. PSCMA pays for one hotel night for a person from each agency represented within its membership.

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

Wodnick

Michael

Division Manager

Fire Communications

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.

Signature

ROBERT SAPIEN

Print Name

FIRE CHIEF

Title

5-2-2024

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18) advice@fppc.ca.gov

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