

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name City of San José		Date Stamp RECEIVED SAN JOSE CLERK 2026 APR 17 PM 1:25	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Library Department			
Street Address 150 E. San Fernando St, San Jose, CA 95112			
Area Code/Phone Number 408-808-2000	Email Abigail.Shull@sjlibrary.org		
Agency Contact (name and title) Abigail Shull		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Apple Inc.

_____	_____	_____	_____
Last Name	First Name	Name	
One Apple Park Way	Cupertino	CA	95014
Address	City	State	Zip Code

Apple - Community Education Initiative (CEI)
 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 Austin, TX April 20, 2026 - April 23, 2026

Location of Travel Dates (month, day, year)

Southwest Rail Air Bus Auto Other Cambria Austin Uptown

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>1,200.00</u>	\$ <u>856.00</u>	\$ <u>1,037.62</u>	\$ <u>308.00</u>	\$ <u>3,401.62</u>
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.

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

<u>Shull</u>	<u>Abigail</u>	<u>Division Manager</u>	<u>Library</u>
Last Name	First Name	Position/Title	Department/Division
<u>Gonzalez</u>	<u>Rebecca</u>	<u>Senior Librarian</u>	<u>Library</u>
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>Ann Grabowski</u>	<u>Ann Grabowski</u>	<u>Deputy Director - Public Service</u>	<u>04/18/26</u>
Signature	Print Name	Title	(month, day, year)

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

