

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of San José
Division, Department, or Region (if applicable)
City Council District 2
Street Address
200 E. Santa Clara St. 18th floor
Area Code/Phone Number
4085354902
Email
district2@sanjoseca.gov
Agency Contact (name and title)
Kimberly Hernandez, Administrative Assistant
Date Stamp
RECEIVED SAN JOSE CITY CLERK 2026 APR 22 PM04:41
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 [x] Working Families Power
Last Name First Name Name
77 Sands St. #6 Brooklyn NY 11201
Address City State Zip Code
Working Families Power engages in program incubation, coalition building, organizing, leadership development, advocacy, and public education on policies that advance economic fairness, racial justice, gender equity & climate sustainability
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
1201 K St NW, Washington, DC 20005
Location of Travel
4/16/26 to 4/18/26
Dates (month, day, year)
Am Trav (Southwest & Delta) [] Rail [x] Air [] Bus [] Auto [] Other
Check Applicable Boxes
Eaton Hotel
Name of Lodging Facility
\$ 247.44 \$ 754.87 \$ 728.40 \$ 1,730.71
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.
Conference of elected officials gathering at the Eaton Hotel to discuss ideas to deliver effective policies that improve the lives of working people.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Campos Pamela Councilmember District 2 Council 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 Pamela Campos Councilmember 04/22/26
Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)
FPPC Form 801 (Jan/18) advice@fppc.ca.gov