

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

(408) 535-8100

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Zulma Maciel, Assistant to the City Manager

RECEIVED Date Stamp San Jose City Clerk

2017 AUG -1 PM 2:55

OTC MM

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

Welcoming America

Name

315 W. Ponce de Leon Ave., Suite 500

Decatur

GA

30030

Address

City

State

Zip Code

Welcoming America provides the roadmap needed to becoming more inclusive toward immigrants and all residents.

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

Atlanta, Georgia

Location of Travel

April 19 - 21, 2017

Dates (month, day, year)

American Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Sheraton Hotel

Name of Lodging Facility

Lodging Expenses

Meal Expenses

500.00 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.

Travel stipend to attend the 2017 Welcoming Interactive. Interactive Conference to learn from each others experiences.

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

Maciel

Zulma

Assistant to the City Mgr.

City Manager'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.

Signature: Norberto Dueñas, Title: City Manager, Date: 7/3/17

Comment:

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