

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name CITY OF SAN JOSE		San Jose City Clerk Date Stamp OTC 2018 MAY 21 PM 1:45	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) MAYOR/ COUNCIL			
Street Address 200 EAST SANTA CLARA STREET		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-535-1260	Email CITY.CLERK@SANJOSECA.GOV		
Agency Contact (name and title) CITY CLERK TONI J. TABER CMC			

2. Donor Name and Address

Individual _____ Other 8-80 CITIES & KNIGHT FOUNDATION

_____ Last Name First Name _____ Name

_____ Address _____ City _____ State _____ Zip Code _____

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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment JALISCO, MEXICO 5/14/17 - 5/18/17

_____ Location of Travel _____ Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ 942.00 \$ 77.00 \$ 1077.00 \$ 660.00 \$ 2756.00

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>JIMENEZ</u>	<u>SERGIO</u>	<u>COUNCILMEMBER</u>	<u>MAYOR/COUNCIL</u>
_____ 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] TONI Taber City Clerk 5/21/18

Signature Print Name Title (month, day, year)

Comment: _____

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

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