

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED Date Stamp San Jose City Clerk <i>OTC M</i> 2017 SEP 19 PM 2:23	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Council District 3			
Street Address 200 E. Santa Clara St. San Jose, CA 95113			
Area Code/Phone Number 408.535.4903	Email christina.m.ramos@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Christina Ramos - Chief of Staff			

2. Donor Name and Address

Individual _____ Other SPUR

Last Name: _____ First Name: _____ Name: _____
 Address: 76 S. 1st St. City: San Jose State: CA Zip Code: 95113
 Non-Profit which research, education and advocacy, to promote good planning and good government
 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 Holland and France July 8 - 13, 2017

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

SPUR _____ Rail Air Bus Auto Other Swissotel

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

\$ <u>1260</u>	\$ <u>950</u>	\$ <u>1700</u>	\$ <u>105</u>	\$ <u>3,215</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.
 SPUR - Holland Study Trip to experience other cities and regions, experience multimodal transit service, explore station and station areas, build relationship and spark a shared commitment to acheiving the best outcomes for San Jose.

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

<u>Ramos</u>	<u>Christina</u>	<u>Chief of Staff</u>	<u>Council District 3</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 _____ Print Name _____ Title _____ (month, day, year)

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