

Payment to Agency Report

A Public Document

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PAYMENT TO AGENCY REPORT

1. Agency Name

Mayor and Council Office

Division, Department, or Region (if applicable)

Councilmember of District 4

Street Address

200 E. Santa Clara St, San Jose CA 95113

Area Code/Phone Number

408-535-4904

Email

District4@sanjoseca.gov

Agency Contact (name and title)

Councilmember Diep

San Jose City Clerk Date Stamp 67C 2017 NOV 21 PM 3:13

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

New American Leaders Project

Name

570 Lexington Avenue, 5th floor

New York

NY

10022

Address

City

State

Zip Code

Prepares first and second generation Americans to use their power and potential in elected office.

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

Washington D.C

Location of Travel

11/17/17

Dates (month, day, year)

Delta & United

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

The Madison Hotel

Name of Lodging Facility

\$ 84.50

Lodging Expenses

\$

Meal Expenses

\$ 378.60

Transportation Expenses

\$

Other Expenses

\$ 463.10

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.

Delta (SJC-DCA) United (DCA-SJC) = 378.60

The Madison Hotel (total cost was \$169 but shared a room so half the cost= 84.50)

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

Diep

Last Name

Lan

First Name

Councilmember

Position/Title

Mayor & Council Offices

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

Lan Diep

Print Name

Councilmember

Title

11/21/17

(month, day, year)

Comment:

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