

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED San Jose Date Stamp OTC M 2017 SEP -6 PM 3:31	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor and Council			
Street Address 200 E. Santa Clara St, San Jose CA 95113			
Area Code/Phone Number 408-535-4904	Email District4@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Lan Diep- Councilmember			

2. Donor Name and Address

Individual \_\_\_\_\_  Other SPUR(San Francisco Bay Area Planning and Research)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_  
 76 S. 1st Street San Jose CA 95113  
 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 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name Amount Name Amount

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

3.1 (a) Travel Payment Netherlands and France July 9-14, 2017  
 Location of Travel Dates (month, day, year)

British Airways  Rail  Air  Bus  Auto  Other Swissotel Amsterdam  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,260.00 \$ 250.00 \$ 1,730.00 \$ 125.00 \$ 3,365.00  
 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.

Learn and bring back to San Jose the experience of cities in the Netherlands and France that have revitalized their economies around mass transit hubs. This will be useful as our city prepares to extend BART from Berryessa to Diridon Station downtown.

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

_____ 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.

Lan Diep Councilmember 09/06/17  
 Signature Print Name Title (month, day, year)

Comment:

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

