Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: RECEIVED San Jose City C... OTC 2018 MAY 21 PM 1:46

1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region (if applicable)

MAYOR/ COUNCIL

Street Address

200 EAST SANTA CLARA STREET

Area Code/Phone Number	**Email**
408-535-1260	CITY.CLERK@SANJOSECA.GOV

Agency Contact (name and title)

CITY CLERK TONI J. TABER CMC

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name ☑ Other 8-80 CITIES & KNIGHT FOUNDATION 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 _____ Name _____ $ Amount _____

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

3.1 (a) Travel Payment JALISCO, MEXICO (Location of Travel) 5/3/17 – 5/8/17 (Dates (month, day, year))

Transportation Provider _____ ☐ Rail ☑ Air ☐ Bus ☐ Auto ☑ Other _____ Name of Lodging Facility

Check Applicable Boxes

$ 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)

Last Name	First Name	Position/Title	Department/Division
TORRES	OMAR	COUNCIL ASSISTANT	MAYOR/COUNCIL

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
[signature]	Toni Taber	City Clerk	5/21/18

Comment: _____

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

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