

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		San Jose Date Stamp <i>OTCR</i> 2010 MAY 24 AM 9:14	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the Mayor			
Street Address 200 E. Santa Clara St, San Jose, CA 95113			
Area Code/Phone Number 408-535-2846	Email khanh.russo@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Khanh Russo, Sr. Policy Advisor		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other \_\_\_\_\_ Cities of Service \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

120 Park Avenue, 23rd Floor \_\_\_\_\_ New York \_\_\_\_\_ NY \_\_\_\_\_ 10017

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** \_\_\_\_\_ New York, NY \_\_\_\_\_ 5/15/2018 \_\_\_\_\_

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

JetBlue \_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_ 1 Hotel \_\_\_\_\_

\_\_\_\_\_ Transportation Provider \_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

\$ 1,460.00 \_\_\_\_\_ \$ 608.74 \_\_\_\_\_ \$ 1,687.40 \_\_\_\_\_

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.**

Funding covered transportation (air and taxi) and lodging. Khanh was a panelist at the Engaged Cities Award and Summit where training was provided on how to improve civic engagement efforts by the City.

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

Russo	Khanh	Sr. Policy Advisor	Office of the Mayor
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
n/a	n/a	n/a	n/a
_____	_____	_____	_____
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 \_\_\_\_\_ 5/24/18 \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year) \_\_\_\_\_

Comment: \_\_\_\_\_

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

