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Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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

(408) 535-1260

Email

city.clerk@sanjoseca.gov

Agency Contact (name and title)

City Clerk Toni J. Taber CMC

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

Date of Original Filing: 11/12/19 (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Bill Wilson Center (Name)

3490 The Alameda (Address) Santa Clara (City) CA (State) 95050 (Zip Code)

Provides services to children, youth, young adults and families in Santa Clara County

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

Chicago (Location of Travel)

10/28/2019-10/30/2019 (Dates (month, day, year))

Southwest Airlines (Transportation Provider)

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

Hampton Inn Downtown (Name of Lodging Facility)

$283.18	$40.40	$307.95	$48.84	$680.37
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.

Attendance of the launch workshop for the 100-Day Challenge to Prevent and End Youth Homelessness as the City's representative. Airfare, hotel, ground transportation, and meals will be covered by the Bill Wilson Center. Council approved travel via Consent Calendar on Oct 22, 2019.

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

Ho	Nathan	Senior Advisor, Housing	Mayor's Office
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]	NATHAN HO	SR ADVISOR Housing	11/12/2019
Signature	Print Name	Title	(month, day, year)

Comment: [signature] TONI TABER City Clerk 11/12/19

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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