

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp RECEIVED AUG 13 2022 City of San Jose Office of the City Clerk	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number 408-535-1260	Email city.clerk@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Toni Taber, City Clerk			

2. Donor Name and Address

Individual _____ Other Santa Clara Valley Open Space Authority

_____ Last Name _____ First Name _____ Name _____
 33 Las Colinas Lane San Jose CA 95119
 Address City State Zip Code

Public, independent special district dedicated to preserving open space and natural resources

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 Versailles, France and Brussels, Belgium 7/10/2022 - 7/15/2022

_____ Location of Travel _____ Dates (month, day, year)

Air France/Delta; Taxi _____ Rail Air Bus Auto Other La Residence du Berry

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility

\$ 834.00 \$ 600.00 \$ 1,645.07 \$ _____ \$ 3,079.07

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.

Santa Clara Valley Open Space Authority paid for expenses associated with the International Climate Study Tour of natural and working lands in partnership with Terre et Cite.

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

<u>Mossing</u>	<u>Mackenzie</u>	<u>Deputy Chief of Staff</u>	<u>City of San Jose</u>
_____ 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.

Mackenzie Mossing Deputy Chief of Staff 08/03/22

_____ Signature _____ Print Name _____ Title _____ (month, day, year)

Comment:

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

