

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Mayor's Office

Street Address

200 E. Santa Clara Street, 18th Floor.

Area Code/Phone Number

(408) 535-1260

Email

city.clerk@sanjoseca.gov

Agency Contact (name and title)

Toni Taber, City Clerk

Date Stamp RECEIVED

AUG 3 1 2022

City of San Jose Office of the City Clerk

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Santa Clara Valley Open Space Authority

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

7/10/22 - 7/14/22

Location of Travel

Dates (month, day, year)

United Airlines / Uber

Transportation Provider

Rail

Air

Bus

Auto

Other

La Residence du Berry

Name of Lodging Facility

\$ 600.00

\$ 738.00

\$ 1,960.22

\$

\$ 3,298.22

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)

Liccardo

Samuel

Mayor

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

Samuel Liccardo

Print Name

Mayor

Title

8/31/22 (month, day, year)

Comment:

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