

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 City of San José
 Division, Department, or Region (if applicable)
 Street Address
 200 E. Santa Clara Street, San José, CA 95113
 Area Code/Phone Number | Email
 Agency Contact (name and title)

Date Stamp
 San José City Clerk
 2019 APR 15 AM 8:31

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 _____ Other _____
 Last Name First Name Name
 1000 N. Alameda St. Ste. 240 Los Angeles CA 90012
 Address City State Zip Code

Community Partners offers expert guidance, essential services, and a strong dose of passion to help foster, launch, and grow creative solutions to community challenges.
 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 _____
 Location of Travel
 Long Beach, California
 Dates (month, day, year)
 3/28/19 - 3/29/19

 Transportation Provider Rail Air Bus Auto Other
 Check Applicable Boxes
 Queen Mary Hotel
 Name of Lodging Facility

\$ 135.00 \$ 80.00 \$ _____ \$ _____ \$ 215.00
 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.

State-wide water conference to facilitate understanding towards comprehensive long-term water policies that will sustain California's economy and quality of life.

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

Jimenez Sergio Councilmember Mayor/ Council offices
 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 Print Name Title (month, day, year)

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

