### 1. Agency Name

City of San Jose

**Division, Department, or Region** (if applicable)
Office of the Mayor

**Street Address**
200 E Santa Clara St.

**Area Code/Phone Number**
408-535-4861

**Email**
ingrid.holguin@sanjoseca.gov

**Agency Contact** (name and title)
Khanh Russo, Director of Strategic Partnerships and Innovation

### 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>120 Park Ave.</td>
<td>New York</td>
<td>NY</td>
<td>10017</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

#### 3.1 (a) Travel Payment

**Location of Travel**
Houston, TX

**Dates (month, day, year)**
10/21/2015 - 10/25/2015

**Transportation Provider**
American Airlines

**Lodging Provider**
Magnolia Hotel

**Transportation Expenses**
$122.90

**Meal Expenses**
$369.70

**Total Lodging Expenses**
$492.60

#### 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.

Reimbursement for airfare and meals

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holguin</td>
<td>Ingrid</td>
<td>Policy Advisor</td>
<td>Office of the Mayor</td>
</tr>
</tbody>
</table>

### 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

**Signature**

**Print Name**

**Title**

(FPPC Form 801 (Jan/14)
davice@fppc.ca.gov)