# Payment to Agency Report

**Agency Name**

Mayor and Council Office  

**Division, Department, or Region (if applicable)**

Councilmember of District 4  

**Street Address**

200 E. Santa Clara St, San Jose CA 95113  

**Area Code/Phone Number**

408-535-4904  

**Email**

District4@sanjoseca.gov  

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## 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Method Type</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>570 Lexington Avenue, 5th floor</td>
<td>New York</td>
<td>NY</td>
<td>10022</td>
<td></td>
</tr>
</tbody>
</table>

Prepares first and second generation Americans to use their power and potential in elected office.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

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

### 3.1 (a) Travel Payment

**Location of Travel**

Washington D.C  

**Dates (month, day, year)**

11/17/17  

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
<th>Name of Lodging Facility</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta &amp; United</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Madison Hotel</td>
<td>$463.10</td>
</tr>
</tbody>
</table>

#### Expenses:

- **Lodging Expenses**: $84.50  
- **Meal Expenses**: $378.60  
- **Transportation Expenses**: $0  
- **Other Expenses**: $0

**Other Expenses**

$  

**Total Expenses**

$463.10

### 3.1 (b) Payment(s) not related to travel:

#### Dates (month, day, year)

$  

**Total Expenses**

$  

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## 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

### Delta (SJC-DCA) United (DCA-SJC) = 378.60  

The Madison Hotel (total cost was $169 but shared a room so half the cost= 84.50)

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## 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>Diep</td>
<td>Lan</td>
<td>Councilmember</td>
<td>Mayor &amp; Council Offices</td>
</tr>
</tbody>
</table>

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## 4. Verification

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

**Signature**

Lan Diep

**Date**

11/21/17

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Comment:

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