Payment to Agency Report

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
Mayor and Council
Street Address
200 E. Santa Clara St, San Jose CA 95113
Area Code/Phone Number
408-535-4904
Agency Contact (name and title)
Lan Diep - Councilmember

2. Donor Name and Address
☐ Individual
☐ Other
76 S. 1st Street
San Jose
CA 95113
Address
City
State
Zip Code
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>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment
Netherlands and France
Location of Travel
British Airways
Transportation Provider
Rail
Air
Bus
Auto
Other
Swissotel Amsterdam
Name of Lodging Facility
Lodging Expenses $1,260.00
Meal Expenses $250.00
Transportation Expenses $1,730.00
Other Expenses $125.00
Total Expenses $3,365.00

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

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Learn and bring back to San Jose the experience of cities in the Netherlands and France that have revitalized their economies around mass transit hubs. This will be useful as our city prepares to extend BART from Berryessa to Diridon Station downtown.

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>
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</tbody>
</table>

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

Lan Diep - Councilmember
Signature
Print Name
09/06/17
Title
(month, day, year)

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