## Payment to Agency Report

### 1. Agency Name
City of San Jose
San Jose Public Library

### Division, Department, or Region (if applicable)
San Jose Public Library

### Street Address
150 E. San Fernando St.

### Area Code/Phone Number
408-808-2000

### Email
Agency Contact (name and title)
Jean Herriges (Division Manager)

### 2. Donor Name and Address

- **Individual**
  - Last Name: Califa Group
  - First Name: 2471 Flores Street
  - Address: San Mateo, CA 94403
  - CA
  - Zip Code: 94403

**Califa is a not for profit membership cooperative serving libraries in California.**

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:

- **Califa Group**
  - Name: 2471 Flores Street
  - Amount: $481.35

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

#### 3.1 (a) Travel Payment

- **Sacramento, California**
- **May 22, 2016 - May 25, 2016**
- **Location of Travel**
- **Amtrak**
- **Transportation Provider**
- **Holiday Inn Capitol Plaza**
- **Name of Lodging Facility**

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$401.35</td>
<td>$80.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$481.35</td>
</tr>
</tbody>
</table>

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

- **Dates (month, day, year)**
  - $0.00

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

Califa reimbursement check to individual City of San Jose staff member, Nick Hedrick, in the amount of $481.35

#### 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>Hedrick</td>
<td>Nick</td>
<td>Literacy Program Specialist</td>
<td>Public Library</td>
</tr>
</tbody>
</table>

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</table>

### 4. Verification

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

**Signature**

**Print Name**

**Title**

**Date (month, day, year)**

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

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