Payment to Agency Report

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
Mayor/Council
Street Address
200 E Santa Clara St.
Area Code/Phone Number
Email
408-535-4511
Ingrid.hogun@sanjose.ca.gov
Agency Contact (name and title)
Tony Tabor, city clerk

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>National League of Cities</td>
<td></td>
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<tr>
<td>600 N. Capital St. NW Washington DC 20001</td>
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</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:

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

3.1 (a) Travel Payment

Location of Travel: Washington DC
Dates (month, day, year): 5/23-28/2017
Transportation Provider: Delta
Transportation Expenses: $20.26
Check Applicable Boxes:
- Rail
- Air
- Bus
- Auto
- Other
Name of Lodging Facility: $691.49
Lodging Expenses: $0
Meal Expenses: $600
Other Expenses: $71.23
Total Expenses: $691.49

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

Dates (month, day, year): $5,000
Total Expenses: $5,000

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

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>Hogun</td>
<td>Ingrid</td>
<td>Policy Advisor</td>
<td>Mayor's Office</td>
</tr>
</tbody>
</table>

Last Name | First Name | Position/Title | Department/Division |
-----------|------------|----------------|---------------------|
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4. Verification

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

Signature: Ingrid Hogun
Print Name: Policy Advisor
Title: Mayor's Office
Date: 6/19/2017
(month, day, year)

City Clerk: Toni Tabor
Date: 6/19/2017
(month, day, year)

Additional Information:
(FPPC Form 801 (Jan/14)
advice@fppc.ca.gov)