Payment to Agency Report

1. Agency Name
   City of San Jose
   Housing Department

   Address: 200 E. Santa Clara Street

   Area Code/Phone Number: (408) 535-8100
   Email: webmaster.manager@sanjoseca.gov

   Agency Contact (name and title): Jacky Morales-Ferrand, Housing Director

2. Donor Name and Address
   - Individual
   - Last Name: 1900 M Street, NW Suite 200
   - First Name: Washington
   - National Housing Conference
   - Name: D.C. 20036

   Address: 1900 M Street, NW Suite 200
   City: Washington
   State: D.C.
   Zip Code: 20036

   NHC is a non-profit organization that supports the affordable housing community.

   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>
</table>

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

3.1 (a) Travel Payment
   - Austin, Texas
   - Location of Travel: Hyatt Place Austin Downtown
   - Transportation Provider: Southwest Airlines
   - Dates (month, day, year): 3/3/16 - 3/4/16

   Transportation Expenses
   - Rail: $558.00
   - Air: $500.00
   - Bus: $0.00
   - Auto: $0.00
   - Other: $0.00

   Total Expenses: $1,058.00

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.

   Housing Director to participate in the NHC Inclusive Communities Working Group

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

<table>
<thead>
<tr>
<th>Morales-Ferrand</th>
<th>Jacky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Director</td>
<td>Position/Title</td>
</tr>
<tr>
<td>Housing</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

4. Verification

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

Signature: [Signature]
Print Name: [Print Name]
Title: [Title]
City Manager: [City Manager]
Date: [5/10/16]

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

FPCC Form 801 (Jan/14)
advice@fppc.ca.gov