**Payment to Agency Report**

1. **Agency Name**
   - City of San Jose

2. **Donor Name and Address**
   - Bill Wilson Center
   - 3490 The Alameda
   - Santa Clara, CA 95050

   Provides services to children, youth, young adults and families in Santa Clara County.

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

   **3.1 (a) Travel Payment**
   - **Location of Travel**: Chicago
   - **Dates (month, day, year)**: 10/28/2019-10/30/2019
   - **Transportation Provider**:
     - Southwest Airlines
     - Transportation Expenses: $283.18
     - Meal Expenses: $40.40
   - **Lodging Provider**:
     - Hampton Inn Downtown
     - Lodging Expenses: $307.95
   - **Other Expenses**: $48.84
   - **Total Expenses**: $680.37

   **3.1 (b) Payment(s) not related to travel**:
   - **Dates (month, day, year)**:
   - **Total Expenses**:

4. **Verification**

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

   **Signature**: Nathan Ho
   **Print Name**: Senior Advisor, Housing
   **Title**: Mayor's Office
   **Date**: 11/17/2019

   **Comment**:

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