

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED Date Stamp San Jose City Clerk 2014 APR 21 A 11:00	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Office of the City Clerk			
Street Address 200 East Santa Clara Street, Wing, 2nd Floor			
Area Code/Phone Number (408) 535-1260	Email city.clerk@sanjoseca.gov		
Agency Contact (name and title) Toni J. Taber, CMC, City Clerk		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other 71 Saint Peter Mediterranean Grill

Last Name: _____ First Name: _____ Name: _____
 71 North San Pedro Street San Jose CA 95110
 Address City State Zip Code

Business -Restaurant

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:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment

Location of Travel _____ Dates (month, day, year) _____

Transportation Provider _____ Rail Air Bus Auto Other
 Check Applicable Boxes Name of Lodging Facility _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

4/14/14 \$ 150.00
 Dates (month, day, year) Total Expenses

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

Provided City Clerk with 3 - \$50 gift certificates for 71 Saint Peter Mediterranean Grill to be used as door prizes at Board and Commission Recognition Event on April 15, 2014. A copy of the donation log is attached.

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

Guzzetta	Suzanne	Deputy City Clerk	Office of the City Clerk
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

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


 _____ Toni J. Taber, CMC City Clerk _____ 4/12/14
 Signature Print Name Title (month, day, year)

Comment:

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

