

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp RECEIVED APR 14 2016 City of San Jose Office of the City Clerk	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, 14th Floor		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>04/14/16</u> <small>(month, day, year)</small>	
Area Code/Phone Number (408) 535-1260	Email city.clerk@sanjoseca.gov		
Agency Contact (name and title) Toni J. Taber, CMC, City Clerk			

2. Donor Name and Address

Individual _____ Other Children's Discovery Museum

Last Name: _____ First Name: _____ Name: _____
 Address: 180 Woz Way City: San Jose State: CA Zip Code: 95110

Other - Museum

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): _____

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

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

4/14/16 \$ 52.00
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 gift certificate for a family four pack valued at \$52 to be used as a door prize at Board and Commission Recognition Event on April 13, 2016. A copy of the donation log is attached.

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

Tran	Anh	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 City Clerk 04/14/16
 Signature Print Name Title (month, day, year)

Comment:

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

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SPONSORSHIP AND DONATION LOG
Boards and Commissions Recognition Event

Name	Contact	Address	What was donated?	Estimated Value
Amici's East Coast Pizzeria		225 W Santa Clara St 95113	Any Family Size Pasta	\$35
Blue Mango Fine Thai Cuisine	Nida Kaplan	635 Coleman Ave 95110	\$10 Gift Certificate	\$140
Children's Discovery Museum	Autumn Young	180 Woz Way 95110	1 Family 4 Pack	\$52
Disitrc 10	Councilmember Johnny Khamis	200 E Santa Clara Street 95113	SAP Grant	\$100
District 3	Councilmember Raul Peralez	200 E Santa Clara Street 95113	SAP Grant	\$250
District 9	Councilmember Donald Rocha	200 E Santa Clara Street 95113	SAP Grant	\$150
Dive Bar	Olga Sowis	78 East Santa Clara Street 95113	Check	\$100
Ernest Guzman		200 E Santa Clara Street 95113	4 Ceramic CSJ Mugs	\$40
Lyric Theatre	Chris Frye	P.O. Box 6741 95105	4 Tickets to Lyric Theatre's "The Serenade"	\$148
Mayor	Mayor Sam Liccardo	200 E Santa Clara Street 95113	Mayor Grant	\$1,000
Poor House Bistro	Jay Meduri	91 S Autumn St 95110	\$20 Gift Certificate	\$20
San Jose Marriott	Mady Warren	301 South Market St 95113	One-Night Weekend Stay	\$273
San Jose Museum of Art	Elizabeth Rock	110 South Market Street 95113	4 Dual/Family Membership	\$300
San Jose Museum of Quilts and Textiles	Debbie Aguirre	520 S. First Street 95113	1 Year Family/Dual Membership	\$75.00
			TOTAL	\$2,683