

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		RECEIVED San Jose City Clerk Date Stamp 2016 JUL 14 PM 4:24 SP OTC	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the Mayor			
Street Address 200 E Santa Clara St.			
Area Code/Phone Number 408-535-4861	Email ingrid.holguin@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Khanh Russo, Director of Strategic Partnerships and Innovation			

2. Donor Name and Address

Individual \_\_\_\_\_  Other \_\_\_\_\_ Cities of Service \_\_\_\_\_

120 Park Ave. New York NY 10017

Address City State Zip Code

non-profit dedicated to working with cities to foster a culture of service and volunteerism among city residents

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** Houston, TX 10/21/2015 - 10/25/2015

American Airlines  Rail  Air  Bus  Auto  Other Magnolia Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ 122.90 \$ 369.70 \$ \_\_\_\_\_ \$ 492.60

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**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.**  
 Reimbursement for airfare and meals

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

Holguin	Ingrid	Policy Advisor	Office of the Mayor
_____	_____	_____	_____
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.

\_\_\_\_\_  
Signature

Jim Reed  
Print Name

Chief of Staff  
Title

7/14/16  
(month, day/year)

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