

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose
Division, Department, or Region (if applicable)
Mayor and Council
Street Address
200 E. Santa Clara St, San Jose CA 95113
Area Code/Phone Number
408-535-4904
Email
District4@sanjoseca.gov

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California 801
Form
For Official Use Only

Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Equal Justice Works
Last Name First Name Name
1730 M St, NW Ste. 800 Washington, DC 20036
Address City State Zip Code

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
Washington D.C. 11/1/17
Location of Travel Dates (month, day, year)
American Airlines Rail Air Bus Auto Other Omni Hotel & Resorts
Name of Lodging Facility
\$ 525.78 \$ 387.00 \$ 1,209.88
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.

American Airlines - 297.10
Omni Hotel & Resorts - 525.78
Meals - 387.00

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

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 Lan Diep Councilmember 11/10/17
Print Name Title (month, day, year)

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

