

Payment to Agency Report

A Public Document

RECEIVED PAYMENT TO AGENCY REPORT

1. Agency Name
 City of San Jose
Division, Department, or Region (if applicable)
 Council District 6
Street Address
 200 E. Santa Clara Street, 18th Floor
Area Code/Phone Number | **Email**
 408-535-4906 | city.clerk@sanjoseca.gov
Agency Contact (name and title)
 Toni Taber, City Clerk

San Jose City Clerk
 Date Stamp
 OTC
 2018 FEB 23 AM 11:30

California Form 801
 For Official Use Only

Amendment (explain in comment section)
Date of Original Filing: 02/22/18
 (month, day, year)

2. Donor Name and Address

Individual _____ Other San Jose Sports Authority

Last Name First Name Name
 345 Park Avenue San Jose CA 95110
 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 \$ —————
 Name Amount Name Amount

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

3.1 (a) Travel Payment Atlanta, Georgia 1/5/18-1/7/18
 Location of Travel Dates (month, day, year)

Delta Airlines Rail Air Bus Auto Other Hilton Hotels Atlanta, GA
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 491.63 \$ 0 Meal Expenses \$ 537.40 \$ 0 Other Expenses \$ 1029.03
 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.
 Councilmember Davis traveled to Atlanta, Georgia for the 2018 College Football Playoff National Championship. Councilmember Davis is a Board Member for the Sports Authority on behalf of the City of San Jose. Silicon Valley will be hosting the 2019 College Football Playoff Championships and attended the event to learn and bring back information to be used for planning purposes.

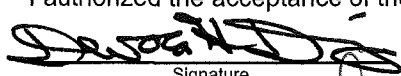
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)


Davis Dev Councilmember City Council
 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.

 Dev Davis Councilmember 02/22/18
 Signature Print Name Title (month, day, year)

Comment:  TONI TABER City Clerk 2/22
 (Use this space or an attachment for any additional information)

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