

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp RECEIVED NOV 20 2017 City of San Jose Office of the City Clerk	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number 408-535-1260	Email city.clerk@sanjoseca.gov		
Agency Contact (name and title) Toni Taber, City Clerk		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Last Name First Name Other SPUR/Knight Foundation Name

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

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

3.1 (a) Travel Payment Netherlands & France Location of Travel 7/8/17 to 7/13/17 Dates (month, day, year)

Delta/KLM Royal Dutch/Air France Transportation Provider Rail Air Bus Auto Other Swissotel Amsterdam Name of Lodging Facility

\$ 1,260.00 Lodging Expenses \$ 250.00 Meal Expenses \$ 1,992.26 Transportation Expenses \$ 125.00 Other Expenses \$ 3,627.26 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.

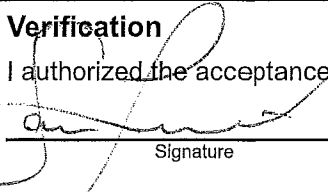
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Liccardo, Last Name Sam First Name Mayor Position/Title City of San Jose 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 Sam Liccardo Print Name Mayor Title 11/14/17 (month, day, year)

Comment:

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