

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose
Division, Department, or Region (if applicable)
Housing Department
Street Address
200 E. Santa Clara Street, San Jose, CA 95113

San Jose City Clerk
Date Stamp
2016 AUG -9 AM 11:1
OR OTC

California Form 801
For Official Use Only

Area Code/Phone Number (408) 535-8111
Email webmaster.manager@sanjoseca.gov

Agency Contact (name and title)
Jacky Morales-Ferrand, Housing Director

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

2. Donor Name and Address

Individual Other National Housing Conference
1900 M Street, NW Suite 200 Washington D.C. 20036

National Housing Conference (NHC) is a non-profit organization that supports the affordable housing community

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
Denver, Colorado
5/18/16 - 5/20/16
Southwest Airlines
Rail Air Bus Auto Other
\$442.00 \$500.00 \$942.00
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.

Housing Director to participate in the NHC Inclusive Communities Working Group.

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

Morales-Ferrand Jacky Director Housing
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 Print Name Title (month, day, year)

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

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