

Payment to Agency Report

A Public Document

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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

Area Code/Phone Number

(408) 535-8100

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Jacky Morales-Ferrand, Housing Director

San Jose City Clerk
Date Stamp
2016 APR 20 PM 4:05

California Form 801
For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

National Housing Conference

Name

1900 M Street, NW Suite 200

Washington

D.C.

20036

Address

City

State

Zip Code

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

Miami, Florida

1/15/16

Location of Travel

Dates (month, day, year)

Southwest Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Miami Marriott

Name of Lodging Facility

\$ 558.00

\$ _____

\$ 516.12

\$ _____

\$ 1,074.12

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

\$ _____

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)

_____	_____	_____	_____
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.

	<u>NONSEN DUCENA</u>	<u>CITY Manager</u>	<u>4/20/16</u>
Signature	Print Name	Title	(month, day/year)

Comment:

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

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