

Payment to Agency Report

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San Jose City Clerk

PAYMENT TO AGENCY REPORT

1. Agency Name
 City of San Jose
Division, Department, or Region (if applicable)
 Environmental Services Department
Street Address
 200 E. Santa Clara St., San Jose, CA 95113
Area Code/Phone Number | **Email**
 408-535-8110 | webmaster.manager@sanjoseca.gov
Agency Contact (name and title)
 Kerrie Romanow, Director

Date Stamp
 2016 NOV 15 PM 4:05
 of otc

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 _____ Other Urban Sustainability Directors Network-USDN
 Last Name First Name Name
 1916 N. Mohawk St. #7 Chicago IL 60614
 Address City State Zip Code

Supports municipal sustainability efforts across the US and Canada through grants, peer exchanges and networks.
 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 Toronto, Canada 10/16/16 - 10/19/16
 Location of Travel Dates (month, day, year)
 Delta Airlines Rail Air Bus Auto Other Westin Harbour Castle
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ 671.22 \$ 356.00 \$ 161.64 \$ _____ \$ 1,188.86
 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.

Participation at the USDN Annual Meeting.

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

Zientek Jo Deputy Director Environmental Services
 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] NOBLENTI DUEÑAS City Manager 11/10/16
 Signature Print Name Title (month, day, year)

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

