

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Office of the City Manager

Street Address

200 E. Santa Clara St., San Jose, CA 95113

Area Code/Phone Number

(408) 535-8111

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Leland Wilcox, Deputy City Manager, City Manager's Office

RECEIVED Date Stamp San Jose City Clerk 2021 MAY 18 AM 10:03

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

Google LLC

Name

1600 Amphitheatre Parkway

Mountain View

CA

94043

Address

City

State

Zip Code

Internet-related services, products, eg online advertising technology, search engine, cloud computing, software, hardware

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

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

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

5/11/2021 Dates (month, day, year)

\$ 420.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Google TypeForm license for 1 year hosted on the www.sjbackyardhomes.com City website to streamline the ADU (Accessory Dwelling Unit) application process.

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

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 Leland Wilcox Deputy City Manager 5/14/21 (month, day, year)

Comment:

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