

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 City of San Jose
Division, Department, or Region (if applicable)
 Library Department
Street Address
 150 East San Fernando Street, San Jose, CA 95112
Area Code/Phone Number | **Email**
 408-808-2150 | jill.bourne@sjlibrary.org
Agency Contact (name and title)
 Jill Bourne, Library Director

Date Stamp
 City of San Jose
 Office of the City Clerk
 OCT 09 2014
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 The Aspen Institute
 Last Name First Name Name
 One Dupont Circle, NW, Suite 700 Washington DC 20036
 Address City State Zip Code

Aspen Institute: a philanthropic educational/policy studies org. for leadership that provides a venue for dealing with issues.
 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 Aspen, Colorado 8/10/14
 Location of Travel Dates (month, day, year)
 United Airlines Rail Air Bus Auto Other Aspen Meadows
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ 0.00 \$ 0.00 \$ 763.00 \$ 50.00 \$ 813.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 0 \$ 813.00
 Dates (month, day, year) Total Expenses

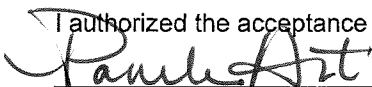
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Rountrip airfare reimbursement for travel from San Jose for travel to the Aspen Institutes Forum on Communications and Society 2014 meeting held in Aspen Colorado from August 10 - 13, 2014.

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

<u>Bourne</u>	<u>Jill</u>	<u>Library Director</u>	<u>Library - Administration</u>
_____ 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 | Pam Antil | Assistant City Manager
 Print Name | Title | (month, day, year)

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