

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		Date Stamp <b>RECEIVED</b>  APR 17 2015  City of San Jose Office of the City Clerk	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Clerk			
Street Address 200 East Santa Clara Street, Wing, 2nd Floor		<input type="checkbox"/> Amendment (explain in comment section)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-1260	Email city.clerk@sanjoseca.gov		
Agency Contact (name and title) Toni J. Taber, CMC, City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Devine Grind Coffee

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 27 Devine Street, Ste 30 San Jose CA 95110  
 Address City State Zip Code

Other - Coffee Shop

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): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Transportation Provider 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:

4/14/15 \$ 35.00  
 Dates (month, day, year) Total Expenses

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

Provided City Clerk with Gift package of 1 lb of Coffee, Coffee Mug, and Assorted teas valued at \$35 to be used as a door prize at Board and Commission Recognition Event on April 14, 2015. A copy of the donation log is attached.

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

Guzzetta	Suzanne	Deputy City Clerk	Office of the City Clerk
_____	_____	_____	_____
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.


 \_\_\_\_\_ TONI TABER \_\_\_\_\_ CITY CLERK \_\_\_\_\_ 4/16/15  
 Signature Print Name Title (month, day, year)

Comment:

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

SPONSORSHIP AND DONATION LOG  
Boards and Commissions Recognition Event

Name	Contact	Phone	Address	What was donated?	Estimated Value
Councilmember Ash Kalra	Stacie Shih	4085354902	200 E Santa Clara St, 18 Fl San Jose, CA 95113	20 Bags & Pens	-
Devine Grind Coffee	Winifred Ossai	4088219212	27 Devine St, Ste 30 San Jose, CA 95110	1lbs Coffee, Coffee Mug, Assorted Teas	\$35
Vice Mayor Rose Herrera	Sara Wright	4085354908	200 E Santa Clara St, 18 Fl San Jose, CA 95113	2 lunch bags, 2 water bottles, 2 notepads, 1 umbrella	-
Amici's East Coast Pizzeria		4082899000	225 W Santa Clara St San Jose, CA 95113	Family Size Pasta	\$35
Take One Pizza	Stephanie Gonzalez	4089982531	177 W Santa Clara St San Jose, CA 95113	10 \$10 Gift Certificate	\$100
Blue Mango Fine Thai Cuisine	Albert Sumner	4088859222	635 Coleman Ave San Jose ,CA 95110	10 \$10 Gift Certificate	\$100
Psycho Donuts	Web Granger	4085331023	288 S 2nd St San Jose, CA 95113	1 Dozen Donuts	\$22.95
Poor House Bistro	Melanie Mejia	4082925837	91 S Autumn St San Jose, CA 95110	2 \$20 Gift Certificate	\$40
City Hall Coffee Cart	Dave Lindsay	4082980690	200 E Santa Clara St San Jose, CA 95113	1 \$25 Gift Card	\$25
Office of the City Clerk	Toni J. Taber	4085351260	200 E Santa Clara St San Jose, CA 95113	4 CSJ Clocks	-
Office of the City Clerk	Toni J. Taber	4085351260	200 E Santa Clara St San Jose, CA 95113	5 lapel pins	-