

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp 2016 MAR 15 PM 2:35	California Form 801 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number (408) 535-8100	Email webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Norberto Duenas		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Pacific Gas & Electric Company

Last Name: _____ First Name: _____ Name: _____
 P.O. Box 997300 Sacramento CA 95899
 Address City State Zip Code

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
 Check Applicable Boxes

Transportation Provider _____ Name of Lodging Facility _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 923.00

Dates (month, day, year) 1/26/16 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 PG&E Step Up an Power Down Commendation Luncheon at San Jose City Hall in the Rotunda.

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

See Attached Form 802

_____	_____	_____	_____
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] NORBERTO DUENAS CITY MANAGER 3/10/16
 Signature Print Name Title (month, day, year)

Comment:

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

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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name City of San Jose		Date Stamp 2016 MAR 15 PM 2:35	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Norberto Duenas		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-8111	E-mail webmaster.manager@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$92.30

Event Description: San Jose Step Up and Power Down Date(s) 1 / 26 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jose	10	PG&E Step Up and Power Down Commendation Luncheon
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list of employees		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PG&E to present commendations to staff at the Step Up and Power Down Luncheon
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Norberto Duenas NORBERTO DUENAS CITY MANAGER 3/10/16
Signature of Agency Head or Designee Print Name Title (Month, day, year)

Comment: _____

PG&E Step Up and Power Down - January 26, 2016

City of San Jose Attendees

<u>Last Name</u>	<u>First Name</u>
Romanow	Kerrie
Loft	Jennie
Carpenter	Ariel
Benabente	Julie
Chapman	Ahmad
Dworjack	Safia
English	Megan
Ledesma	Paul
Huynh	Leanna
Starbird	Weston