

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 Dept.  
**Street Address**  
 150 E. San Fernando St., San Jose, CA 95112  
**Area Code/Phone Number** | **Email**  
 (408) 808-2151 | heidi.dolamore@sjlibrary.org  
**Agency Contact** (name and title)  
 Heidi Dolamore, Assistant Director

RECEIVED  
 San Jose City Cl  
 Date Stamp: 2016 APR 20 PM 4:03  
**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 \_\_\_\_\_  Other San Francisco Business Times  
 Last Name First Name Name  
 275 Battery St., Suite 600 San Francisco CA 94111  
 Address City State Zip Code

Business news.

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:

10/5/15 \$ 75.00  
 Dates (month, day, year) Total Expenses

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

STEM Education Leadership Summit - Single Ticket.  
 The summit will feature presentations and discussions with education, science, business and policy leaders focused on investing in STEM education in our region and state.

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

Dolamore	Heidi	Assistant Director	Library
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
N/A			
_____	_____	_____	_____
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] NONA BEAR DENVER CITY Manager 4/20/16  
 Signature Print Name Title (month, day, year)

Comment:

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