

Payment to Agency Report

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San Jose City Clerk

PAYMENT TO AGENCY REPORT

1. Agency Name

San Jose Public Library  
Division, Department, or Region (if applicable)  
1102 E. Santa Clara St.  
Street Address  
San Jose, CA 95116

Date Stamp  
2016 SEP 20 AM 10:12  
CP 10M

California 801  
Form  
For Official Use Only

Area Code/Phone Number: 408-808-3075  
Email: Frankiedevera@sjlibrary.org  
Agency Contact (name and title): Frankie de Vera/ Librarian I

Amendment (explain in comment section)  
Date of Original Filing: \_\_\_\_\_  
(month, day, year)

2. Donor Name and Address

Individual \_\_\_\_\_  Other Public Library Association  
Last Name First Name Name  
50 E. Huron Chicago IL 60611  
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:

Public Library Association \$ 1,000.00  
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Denver, CO 4/5/2016- 4/9/2016  
Location of Travel Dates (month, day, year)  
Southwest Airlines  Rail  Air  Bus  Auto  Other Days Inn Downtown  
Transportation Provider Check Applicable Boxes Name of Lodging Facility  
\$ 362.70 \$ 247.75 \$ 342.94 \$ 953.39  
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

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

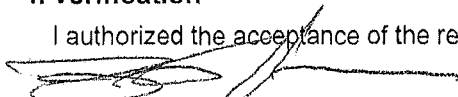
Travel Grant to attend PLA 2016 Conference in Denver, CO

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

de Vera Frankie Librarian 1 San Jose Public Library  
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  
Frankie de Vera Librarian I Print Name Title  
09-16-2016 (month, day, year)

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

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