

Payment to Agency Report

A Public Document

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San Jose City Clerk

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Environmental Services Department

Street Address

200 E. Santa Clara St., San Jose, CA 95113

Area Code/Phone Number

408-535-8110

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Kerrie Romanow, Director

Date Stamp

2016 NOV 15 PM 4:05

EP OTC

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

Last Name

First Name

Other

AMCHAM-American Chambers of Commerce

Name

Av.Pdte.Kennedy 5735.Of.201 Torre Poniente Las Condes, Santiago

Chile

Address

City

State

Zip Code

Nonprofit business organization-promotes trade and investments between Latin America, Caribbean, and United States

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

Santiago, Chile

Location of Travel

10/10/16 - 10/13/16

Dates (month, day, year)

United Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

DoubleTree by Hilton, Santiago

Name of Lodging Facility

\$ 468.81

Lodging Expenses

\$

Meal Expenses

\$ 1,295.82

Transportation Expenses

\$

Other Expenses

\$ 1,764.63

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.

The Waste Management Seminar provided an exchange of information, expertise, and best practices in the area of waste management with the AmChams, which represent 28 countries in Latin America and the Caribbean.

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

Zientek

Jo

Deputy Director

Environmental Services

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

WOLFRADO DUEÑA

Print Name

CITY Manager

Title

11/10/16

(month, day, year)

Comment:

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