

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Mayor's Office

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

408-535-1260

Email

city.clerk@sanjoseca.gov

Agency Contact (name and title)

Toni Taber, City Clerk

Date Stamp

RECEIVED

APR 02 2018

City of San Jose  
Office of the City Clerk

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

Bloomberg Philanthropies

Name

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

Paris, France

Location of Travel

10/20/17 to 10/24/17

Dates (month, day, year)

SWISS and United

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

InterContinental Paris-LeGrand

Name of Lodging Facility

\$ 1,247.24

Lodging Expenses

\$

Meal Expenses

\$ 4,025.66

Transportation Expenses

\$

Other Expenses

\$ 5,272.90

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.

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

Liccardo,

Sam

Mayor

City of San Jose

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

Sam Liccardo

Print Name

Mayor

Title

11/17/17

(month, day, year)

Comment

Reported on 2017 Form 700 (Amended)

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

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<b>1. Agency Name</b> City of San Jose		RECEIVED San Jose City Clerk 2017 NOV 20 PM 1:17	Date Stamp <i>[Signature]</i>	<b>California 801</b> Form For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office				
Street Address 200 E. Santa Clara Street				
Area Code/Phone Number 408-535-1260	Email city.clerk@sanjoseca.gov			
Agency Contact (name and title) Toni Taber, City Clerk		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual \_\_\_\_\_ Last Name First Name

Other Bloomberg Philanthropies Name

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** Paris, France Location of Travel 10/20/17 to 10/24/17 Dates (month, day, year)

SWISS and United Transportation Provider  Rail  Air  Bus  Auto  Other InterContinental Paris-LeGrand Name of Lodging Facility

Check Applicable Boxes

\$ 1,247.24 Lodging Expenses    \$ \_\_\_\_\_ Meal Expenses    \$ 4,025.66 Transportation Expenses    \$ \_\_\_\_\_ Other Expenses    \$ 5,272.90 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.

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

Liccardo, Sam Last Name First Name Mayor Position/Title City of San Jose 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]* Signature Sam Liccardo Print Name Mayor Title 11/17/17 (month, day, year)

Comment:

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