

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp RECEIVED <i>OTL</i> FEB 14 2018 City of San Jose Office of the City Clerk	California Form 801 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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Toni Taber, City Clerk			

2. Donor Name and Address

Individual _____ Other _____ Cities of Service _____

Last Name: _____ First Name: _____ Name: _____
 120 Park Avenue, 23rd Floor New York NY 10017
 Address City State Zip Code

National nonprofit that helps mayors and city leaders engage citizens to build stronger cities and solve public problems

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 _____ New York, NY _____ 12/12/17 to 12/14/17

Location of Travel Dates (month, day, year)

VirginAmerica Airline Rail Air Bus Auto Other _____ The Bryant Park Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,010.00	\$ 18.87	\$ 416.66	\$ 50.00	\$ 1,495.53
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.

Mayor Sam Liccardo will be traveled to New York, NY for the Cities of Several Mayors Council. Cities of Several aims to help City Leaders engage their citizens to build stronger communities. Mayors from various US cities will gather to participate in Annual Board of Directors Meeting.

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.

	SAM LICCARDO	Mayor	02/14/18
Signature	Print Name	Title	(month, day, year)

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

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