Payment to Agency Report   A Public Document

California Form 801

For Official Use Only

1. Agency Name

City of San Jose

Date Stamp

Division, Department, or Region (if applicable)

City Manager's Office

Street Address

200 E. Santa Clara Street

Area Code/Phone Number	**Email**
(408) 535-8100	webmaster.manager@sanjoseca.gov

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____
(month, day, year)

Agency Contact (name and title)

David Sykes, City Manager

2. Donor Name and Address

☐ Individual _____ _____   ☑ Other   Ingram Content Library Services
         Last Name   First Name   Name

One Ingram Blvd.   Le Vergne   TN   37086
Address   City   State   Zip Code

Library Services helping libraries get the right books fast, so they can get back to what matters most – their community.

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 _____
_____   Name of Lodging Facility
Transportation Provider   Check Applicable Boxes

$_____ $_____ $_____ $_____ $_____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

8/19/20 $ 2,800.00
Dates (month, day, year)   Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
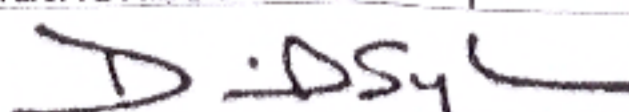
Access to iCurate Core, a system analyst tool that helps see where gaps in collections are to make purchasing more efficient.

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

Fung	Sharon	Senior Librarian	Library
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.

D.DSy   DAVID SYKES   CITY MANAGER   8/19/20
Signature   Print Name   Title   (month, day, year)

Comment:

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