

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Mayor and Council Office

Division, Department, or Region (if applicable)

Councilmember of District 4

Street Address

200 E. Santa Clara St, San Jose CA 95113

Area Code/Phone Number

408-535-4904

Email

District4@Sanjoseca.gov

Agency Contact (name and title)

Councilmember Diep

RECEIVED San Jose City Clerk Date Stamp 2018 JUN 20 PM 1:46 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 Other The Fund for the City of New York

121 Avenue of the Americas, 6th Floor New York NY 10013

Implement innovations in policy, programs, and technology to advance the function of government/nonprofit organizations.

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

Phoenix, Arizona

Location of Travel

May 4, 2018

Dates (month, day, year)

Southwest

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

The Camby

Name of Lodging Facility

\$ 100.75

Lodging Expenses

\$ 80.00

Meal Expenses

\$ 203.97

Transportation Expenses

\$ Other Expenses

\$ 384.72

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.

Southwest (SAN-PHX) (PHX-SJC) =203.97

The Camby hotel (shared a room)= 100.75

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

Diep

Last Name

Lan

First Name

Councilmember

Position/Title

Mayor & Council Offices

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

Lan Diep

Print Name

Councilmember

Title

06/19/18

(month, day, year)

Comment:

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