Payment to Agency Report

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California Form 801

For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Library Department

Street Address

150 East San Fernando Street, San Jose, CA 95112

Area Code/Phone Number	Email
408-808-2349	julie.oborny@sanjoseca.gov

Agency Contact (name and title)

Julie Oborny, Librarian II

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

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

2. Donor Name and Address

☐ Individual _____ ☑ Other The Miami Foundation
    Last Name   First Name   Name

40 NW 3rd St #305   Miami   FL   33128
Address   City   State   Zip Code

The Miami Foundation manages philanthropic funds and grants and disperses reimbursements.

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

Spokane, Washington
Location of Travel

08/25/17 – 08/30/17
Dates (month, day, year)

Alaska Airlines
Transportation Provider

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other
Check Applicable Boxes

Davenport Tower Hotel
Name of Lodging Facility

$247.72	$106.67	$286.60	$0.00	$640.99
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

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

0
Dates (month, day, year)

$ 640.99
Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Expenses incurred for travel, lodging, & meals were paid by The Miami Foundation. Julie was invited to Data Equity for Main Street's Train-the-Trainer Training in Spokane, WA. The purpose was to train librarians how to teach open classes & empower their communities through open data.

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

Oborny	Julie	Librarian II	Library - Web 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.

DDSyl	DAVID SYKES	CITY MANAGER	4/26/18
Signature	Print Name	Title	(month, day, year)

Comment:

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

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