

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 East Santa Clara Street, San Jose, CA 95113			
Area Code/Phone Number 408-535-3896	Email sachin.jain@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 MetroLab Network

Last Name	First Name	Name
444 N. Capitol Street, NW, Suite 339	Washington	D.C.
Address	City	State
		Zip Code
		20001

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 Atlanta, GA September 14th-15th, 2017

Location of Travel: _____ Dates (month, day, year): _____

Delta Transportation Provider Rail Air Bus Auto Other

Check Applicable Boxes Name of Lodging Facility: _____

\$ 300.00	\$ _____	\$ 400.00	\$ _____	\$ 700.00
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.

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

Jain	Sachin	Policy Advisor	Mayor's Office
_____	_____	_____	_____
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	Print Name	Title	(month, day, year)

Comment:

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