

Payment to Agency Report

A Public Document

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PAYMENT TO AGENCY REPORT

1. Agency Name

San Jose Fire Department

Division, Department, or Region (if applicable)

Public Information Office, Office of the Fire Chief

Street Address

1661 Senter Rd., 3rd floor, San Jose, CA 95112

Area Code/Phone Number

(408)794-6959

Email

SJFDPIO@sanjoseca.gov

Agency Contact (name and title)

Captain Mitchell A. Matlow, Public Information Officer

San Jose City Clerk Date Stamp
2017 FEB 28 PM 3:39

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 Zeller Michelle Other Sew For Love
Last Name First Name Name

164 Dogaway Drive San Jose CA 95111
Address City State Zip Code

Volunteer organization that hand makes stuffed animals for emergency services to give to children in time of need.

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 \$ _____
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 _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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.

Sew for Love has donated two large bags of small stuffed animals that they have made for distribution to children in time of need. The exact value of the donation is not known but is estimated to be \$200. These stuffed animals will be given out to children by all line, fire department personnel.

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

_____ 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.

_____ Robert Sapien Assistant Fire Chief 02/27/17
Signature Print Name Title (month, day, year)

Comment:

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