

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 City of Santa Clara
 Division, Department, or Region (if applicable)
 Street Address
 1500 Warburton Ave, 95050
 Area Code/Phone Number | Email
 Agency Contact (name and title)

Date Stamp
 2024 JUL 30 PM 3:26

California Form 801
 For Official Use Only

Amendment (explain in comment section)
 Date of Original Filing: 07/30/24
 (month, day, year)

2. Donor Name and Address

Individual | Other
 Last Name: | First Name: | City of Icheon, Republic of Korea
 40 Buak-ro | Icheon, Gyeonggi-do, South Korea
 Address | City | State | Zip Code
 Other - City of Icheon, Republic of Korea
 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): _____
 Transportation Provider: _____ Rail Air Bus Auto Other
 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: 7/8/2024 \$ 1,500.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 The City of Icheon provided a ceramic vase to the City of Santa Clara as a gift in honor of the Friendship City relationship. The \$1,500 value is based off the value declared by Icheon at the airport. The gift will be stored or displayed at City Hall.

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

Grogan	Jovan	City Manager	City of Santa Clara
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: Nadine Nader Print Name: Nadine Nader Title: COO Date: 7/30/24
 (month, day, year)

Comment: Signing on behalf of Jovan Grogan, City Manager
 (Use this space or an attachment for any additional information)