Payment to Agency Report

1. Agency Name
Sacramento Housing and Redevelopment Agency
Division, Department, or Region (if applicable)
Housing Authority
Street Address
801 12th Street
Area Code/Phone Number
(916) 440-1355
Email
ajones@shra.org
Agency Contact (name and title)
Angela Jones, Public Information Officer

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
</tbody>
</table>
1045 Terra Bella Avenue
Mountain View
CA 94043
Address
City
State
Zip Code

Early childhood and parent literacy

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
Date (month, day, year)

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Applicable Boxes</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Lodging Expenses $  
Meal Expenses $  
Transportation Expenses $  
Other Expenses $  
Total Expenses $  

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

Date (month, day, year) $  
Total Expenses $  

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

Donation of furniture to be used for Agency business

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

All housing authority staff

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
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<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
</table>

| Department/Division | Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Angela Jones

Public Information Officer

Title

(month, day, year)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov