

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Sacramento Housing and Redevelopment Agency		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Housing Authority			
Street Address 801 12th Street		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
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

Individual \_\_\_\_\_  Other Bring Me a Book Foundation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 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 \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

\_\_\_\_\_ Transportation Provider \_\_\_\_\_ 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.

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			PHA
_____	_____	_____	_____
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.

Crista Jozey Signature ANGELA JONES Print Name Public Information Officer Title 12/12/14 (month, day, year)

Comment:

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

