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, Sacramento CA 95814
Area Code/Phone Number Email
(916) 440-1355 ajones@shra.org
Agency Contact (name and title)

☐ Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

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:

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<th>$</th>
<th>Amount</th>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Location of Travel
Rail Air Bus Auto Other
Transportation Provider
Check Applicable Boxes

|$ 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 children's books to be used for Agency/Housing Authority business.

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

All Housing Authority staff

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<th>Position/Title</th>
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4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: ANGELA JONES
Print Name: Public Information Officer
date: (month, day, year)

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