

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Salinas		RECEIVED CITY OF SALINAS AUG - 2 2019 CITY CLERK	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Public Works			
Street Address 200 Lincoln Avenue, Salinas, CA 93901			
Area Code/Phone Number (831) 758-7390	Email davidj@ci.salinas.ca.us	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) David Jacobs, Public Works Director			

2. Donor Name and Address

Individual _____ Other Sharecare Corp

Last Name: _____ First Name: _____ Name: _____
 255 East Paces Ferry Road, Suite 700 Atlanta GA 30305
 Address City State Zip Code
 promotion of the Blue Zones Project - bringing health, wellness, and longevity to communities through built environments
 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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Seattle, Washington Location of Travel 5/14 - 5/19/19 Dates (month, day, year)
United Airlines Transportation Provider Rail Air Bus Auto Other The Westin, Seattle Name of Lodging Facility
 Check Applicable Boxes
 \$ 1,426.10 Lodging Expenses \$ 251.25 Meal Expenses \$ 441.26 Transportation Expenses \$ 2,004.25 Other Expenses \$ 4,122.86 Total Expenses
3.1 (b) Payment(s) not related to travel: n/a Dates (month, day, year) \$ _____ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Payment of travel expenses for David Jacobs, Public Works Director.
 Travel was to attend the Blue Zones Project Workshop - "Designing for Healthier Communities"

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

<u>Jacobs</u> Last Name	<u>David</u> First Name	<u>Public Works Director</u> Position/Title	<u>Public Works</u> 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] Signature David Jacobs Print Name Public Works Director Title 7/30/19 (month, day, year)

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

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