

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

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 Name Amount

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

3.1 (a) Travel Payment Seattle, Washington 5/14 - 5/19/19

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other The Westin, Seattle

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,426.10 \$ 251.25 \$ 441.26 \$ 2,004.25 \$ 4,122.86

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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>	<u>David</u>	<u>Public Works Director</u>	<u>Public Works</u>
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] David Jacobs Public Works Director 7/30/19

Signature Print Name Title (month, day, year)

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

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