Payment to Agency Report  

1. Agency Name  
City of Salinas  
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  
Agency Contact (name and title)  
David Jacobs, Public Works Director  

2. Donor Name and Address  
□ Individual  
□ Other  
Sharecare Corp  
Last Name  
First Name  
Atlanta  
GA  
30305  
City  
State  
Zip Code  
Address  

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:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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  
Transportation Provider  
□ Rail  
□ Air  
□ Bus  
□ Auto  
□ Other  
The Westin, Seattle  
Name of Lodging Facility  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging Expenses</td>
<td>$1,426.10</td>
</tr>
<tr>
<td>Meal Expenses</td>
<td>$251.25</td>
</tr>
<tr>
<td>Transportation Expenses</td>
<td>$441.26</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$2,004.25</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$4,122.86</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:  
n/a  
Dates (month, day, year)  

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)  
Jacobs  
Last Name  
David  
First Name  
Public Works Director  
Public Works  
Public Works Director  
Public Works  

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  
(month, day, year)  

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