

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Sacramento Housing and Redevelopment Agency		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Housing Authority			
Street Address 801 12th Street, Sacramento CA 95814			
Area Code/Phone Number (916) 440-1355	Email ajones@shra.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title)			

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 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 _____
 Transportation Provider Check Applicable Boxes 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 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

_____ 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.

Angela Jones Signature ANGELA JONES Print Name Public Information Officer Title 2/12/15 (month, day, year)

Comment:

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