Payment to Agency Report

A Public Document

1. Agency Name
City of Santa Rosa
Division, Department, or Region (if applicable)
City Manager's Office
Street Address
100 Santa Rosa Ave, Rm 10
Area Code/Phone Number
(707) 543-3016
Email
tgriffin@ssrcity.org
Agency Contact (name and title)
Terri Griffin

Date Stamp
RECEIVED
SEP 17 2014
CITY OF SANTA ROSA
CITY CLERK

[ ] Amendment (explain in comment section)
Date of Original Filing: 09/17/14
(month, day, year)

2. Donor Name and Address

[ ] Individual
[ ] Other

Last Name
First Name
Open Society Foundations
New York
NY
10019

Address
City
State
Zip Code

Foundation works to build vibrant and tolerant democracies whose governments are accountable to their citizens.

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>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment
San Francisco, CA to New York, NY
9/3/14 - 9/9/14
Dates (month, day, year)

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Airlines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Meals Expenses</th>
<th>Transportation Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$555.50</td>
<td>$489.78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,045.28</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Travel paid by agency in exchange for speaker services at "Bridging the Great Divide: Can Police-Community Partnerships Reduce Crime and Strengthen Our Democracy?" conference held in New York, NY on 9/4/14 - 9/5/14

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muttaki</td>
<td>Khaalid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager</td>
<td>Position/Title</td>
</tr>
<tr>
<td>City Manager's Office</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Print Name

City Manager City of Santa Rosa 09/17/14
(month, day, year)

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