

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Information Technology

Street Address

200 E. Santa Clara Street, San Jose CA 95113

Area Code/Phone Number

408-535-8100

Email

rob.loyd@sanjoseca.gov

Agency Contact (name and title)

Rob Lloyd, Deputy City Manager

RECEIVED Date Stamp San Jose City Clerk

2023 DEC -6 AM 9:20

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Center for Digital Government (CDG)

Name

100 Blue Ravine Road

Folsom

CA

95630

Address

City

State

Zip Code

CDG is a national research and advisory institute on IT policies and best practices in state and local government.

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:

n/a Name Amount Name Amount

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

3.1 (a) Travel Payment

St. Louis, Missouri

Location of Travel

November 1st & 2nd

Dates (month, day, year)

Southwest Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Magnolia Hotel St. Louis

Name of Lodging Facility

\$ 201.00

Lodging Expenses

\$ 190.00

Meal Expenses

\$ 554.95

Transportation Expenses

\$ 0

Other Expenses

\$ 945.95

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.

Travel to participate in the Chief Data Officer Summit and share knowledge and experience with other government agencies.

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

Tawfik

Last Name

Khaled

First Name

Chief Information Officer

Position/Title

Information Technology

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 Khaled Tawfik (Dec 1, 2023 18:21 PST)

Khaled Tawfik

Print Name

Chief Information Officer

Title

12/1/23

(month, day, year)

Comment:

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