

Payment to Agency Report

A Public Document

RECEIVED

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose
Division, Department, or Region (if applicable)
City Manager's Budget Office
Street Address
200 E. Santa Clara Street, San Jose, CA 95113

San Jose City Clerk
Date Stamp
EP OTC
2016 MAY 20 AM 10:24

California Form 801
For Official Use Only

Area Code/Phone Number 408-535-8144
Email budgetoffice@sanjoseca.gov

Agency Contact (name and title)
jennifer.maguire@sanjoseca.gov

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual or Other (checked)
Last Name, First Name, Address, City, State, Zip Code
What Works Cities

WWC is designed to accelerate cities' use of data and evidence.

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
New York, NY
Location of Travel
04/18/16 - 04/20/16
Dates (month, day, year)
Jet Blue
Transportation Provider
Rail, Air (checked), Bus, Auto, Other
Check Applicable Boxes
Lotte NY Palace Hotel
Name of Lodging Facility
\$1,042.64 Lodging Expenses
\$644.40 Transportation Expenses
\$1,687.04 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.

The summit provided a great platform to hear about the challenges cities face as they transition toward opening their data and the innovative solutions that have emerged from their experiences.

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

Miller, Kevin, Sr. Executive Analyst, CMO - Budget
Garaffo, Erica, Executive Analyst, CMO - Budget

4. Verification

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

Signature, Print Name, Title, Date (5/18/16)

Comment:

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

Clear Page