

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of San José
Division, Department, or Region (if applicable)
Office of the City Manager
Street Address
200 E. Santa Clara St., San Jose, CA 95113
Area Code/Phone Number
(408) 535-8111
Email
webmaster.manager@sanjoseca.gov
Agency Contact (name and title)
Leland Wilcox, Chief of Staff, City Manager's Office
Date Stamp
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 Other The Innovator's Forum
Last Name First Name Name
P.O. Box 37268 Raleigh NC 27627
Address City State Zip Code

Seeks to gather leading thinkers, helping leaders accelerate innovation strategy & programs in their companies & cities.

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
Cambridge, Massachusetts
1/13/20-1/14/20
Location of Travel Dates (month, day, year)
Alaska Airlines
Rail Air Bus Auto Other Hotel 1868
Name of Lodging Facility
\$1,019.79 \$375.00 \$873.00 \$0.00 \$2,267.79
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.

City staff spoke and/or attended the Smart Cities CIO Summit at Harvard.
Additional Official: Marcelo Peredo, Chief Information Security Officer, Information Technology Department

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

Harkness Kip Deputy City Manager City Manager's Office
Last Name First Name Position/Title Department/Division
Guevara J. Broadband Manager CMO/Civic Innovation
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: D. Syres Print Name: D. SYRES Title: CITY MANAGER Date: 3/19/2020

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

