

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED Date Stamp 2017 MAY 12 PM 1:20 OTC CT 2017 MAY 12 PM 1:20	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number (408) 535-8100	Email webmaster.manager@sanjoseca.gov		
Agency Contact (name and title) Kip Harkness, Deputy City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Smart Grid Observer

Last Name: _____ First Name: _____ Name: _____
 565 Garden Road _____ Dekalb _____ IL _____ 60115 _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Smart Grid Observer (SGO) is an on-line information portal and weekly e-newsletter serving the global smart grid industry
 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 Chicago, IL 1/24/17 - 1/25/17
 Location of Travel: _____ Dates (month, day, year): _____

American Airlines Rail Air Bus Auto Other Renaissance Blackstone Hotel
 Transportation Provider: _____ Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ 400.00 \$ _____ \$ _____ \$ _____ \$ 400.00
 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.
 Deputy City Manager Kip Harkness to provide Keynote Address: Gathering the Tribe - Lessons in Technology Innovation from Peace Corps to PayPal at Smart Cities International Symposium and Exhibition 2017 in Chicago, IL.

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

<u>Harkness</u>	<u>Kip</u>	<u>Deputy City Manager</u>	<u>City Manager's Office</u>
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.

[Signature] Norberto Duenas City Manager 5/11/17
 Signature Print Name Title (month, day, year)

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

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