

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Office of the City Manager

Street Address

200 E. Santa Clara St.

Area Code/Phone Number

408-535-8100

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Leland Wilcox, Assistant City Manager

City of San Jose Office of the City Clerk

DEC 16 2024

ACCEPTED REJECTED

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

Urban Land Institute

200 L Street NW, Suite 200

Washington

DC

20036

Address

City

State

Zip Code

A network of cross-disciplinary real estate and land use experts that set standards of excellence in development practice.

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

Las Vegas, NV

Location of Travel

10/28/2024-10/30/2024

Dates (month, day, year)

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses 248.71

Transportation Expenses

Other Expenses

Total Expenses 248.71

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

10/28/24-10/30/24 Dates (month, day, year)

\$ 1,145.00

Total Expenses

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

Complimentary conference registration to attend the 2024 ULI Fall Meeting. The expense listed is the cost value that others in the same category would have had to pay for registration at the time that the official would have registered. The listed meal costs were covered by the Responsible Property Investment Council's ("RPIC") budget. RPIC is one of 69 product council's with roughly 50 members each within the Urban Land Institute's organization

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

Hughey

Rosalynn

Deputy City Manager

Office of the City Manager

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.

Leland Wilcox Signature

Leland Wilcox Print Name

Assistant City Manager Title

12/16/2024

(month, day, year)

Comment:

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