

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Office of the City Manager			
Street Address 200 East Santa Clara Street, 17th Floor		RECEIVED SAN JOSE CITY CLERK 2026 APR 21 AM 10:28	
Area Code/Phone Number 408-535-8111	Email webmaster.manager@sanjoseca.gov		
Agency Contact (name and title) Jennifer Maguire, City Manager			
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Bloomberg Center For Cities - Harvard Univ.

Last Name: _____ First Name: _____ Name: _____
 79 John F. Kennedy Street Cambridge MA 02138
 Address City State Zip Code
 Bloomberg Harvard City Leadership Initiative; a program to help close the gap in exec. development for the public sector.
 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 3/14/2026 - 3/20/2026

Location of Travel Dates (month, day, year)

Delta Airlines Rail Air Bus Auto Other Charles Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>3,855.00</u>	\$ <u>1,077.00</u>	\$ <u>1,000.00</u>	\$ <u>200.00</u>	\$ <u>6,132.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: 2/3/2026 \$ 7,789.00

Dates (month, day, year) Total Expenses

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

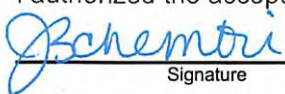
Other expenses (\$200): ground transportation vouchers (Uber)
 3.1 (b) (\$7,789): tuition; comprised of fixed costs such as faculty, staff, program assistants, their related travel costs, curriculum materials, and online hosting costs; covers full year of cohort experience including the in-person program; date provided is the date of the first cohort meeting.

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

<u>Miri</u>	<u>Ali</u>	<u>Asst Chief of Police</u>	<u>Police Department</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.

	<u>Jennifer Schembri</u>	<u>Deputy City Manager</u>	<u>4/21/2026</u>
Signature	Print Name	Title	(month, day, year)

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

