

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

\$ 3,855.00 \$ 1,077.00 \$ 1,000.00 \$ 200.00 \$ 6,132.00
 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>Ho</u>	<u>Brian</u>	<u>Division Manager</u>	<u>Housing 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.

 Jennifer Schembri Deputy City Manager 04/21/26
 Signature Print Name Title (month, day, year)

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