

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 East Santa Clara Street, 17th Floor Area Code/Phone Number Email 408-535-8111 webmaster.manager@sanjoseca.gov Agency Contact (name and title) Jennifer Maguire, City Manager		Date Stamp California 801 Form RECEIVED For Official Use Only SAN JOSE CITY CLERK 2026 APR 21 AM10:28
		<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

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>Schembri</u> Last Name	<u>Jennifer</u> First Name	<u>Deputy City Manager</u> Position/Title	<u>City Manager's Office</u> 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 A. Maguire Jennifer A. Maguire City Manager 04/21/26
 Signature Print Name Title (month, day, year)

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

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