

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		RECEIVED San Jose City Clerk Date Stamp 2017 DEC -7 PM 2:36 o t c r	<b>California 801</b> Form For Official Use Only
<b>Division, Department, or Region</b> (if applicable) City Manager's Office			
<b>Street Address</b> 200 E. Santa Clara Street			
<b>Area Code/Phone Number</b> (408) 535-8100	<b>Email</b> webmaster.manager@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Kip Harkness, Deputy City Manager			

2. Donor Name and Address

Individual \_\_\_\_\_  Other FUSE Corps

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 235 Montgomery St., Suite 1110 San Francisco CA 94104  
 Address City State Zip Code

FUSE is a nonprofit org. that provides executive level fellowships to solve pressing challenges facing local governments.  
 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**

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

\_\_\_\_\_  Rail  Air  Bus  Auto  Other  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

\_\_\_\_\_ 11/1/17 \$ 1,317.73  
 Dates (month, day, year) Total Expenses

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

Welcoming reception to welcome two FUSE fellows to the City of San Jose in the 2017-2018 program year.

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

See Attached List

_____	_____	_____	_____
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: DDSyl Print Name: DAVIO SYKES Title: CITY MANAGER Date: 12/4/17  
 Signature Print Name Title (month, day, year)

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

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Fuse Fellow Reception

Hosted by FUSE Corps

1-Nov-17

City of San Jose Attendees

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Department</b>
Sam	Liccardo	Mayor	Mayor's Office
Kip	Harkness	Deputy City Manager	City Manager's Office
Michelle	Thong	Service Innovation Lead	City Manager's Office
Dolan	Beckel	Smart City Lead	City Manager's Office
Ann	Grabowski	Chief of Staff	Library
Kevin	O'Connor	Assistant Director	Transportation
Nicholas	Almeida	Chief Service Officer	Mayor's Office
Henry	Tsai	Fellow	Mayor's Office