

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San José		RECEIVED San Jose City Clerk 2019 DEC 23 AM 11:00 JTC LG	Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Office of the City Manager				
Street Address 200 E. Santa Clara St., San Jose, CA 95113				
Area Code/Phone Number (408) 535-8111	Email webmaster.manager@sanjoseca.gov			
Agency Contact (name and title) Leland Wilcox, Chief of Staff, City Manager's Office		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual _____ Other The Innovator's Forum

_____ Last Name _____ First Name _____ Name _____

P.O. Box 37268 Raleigh NC 27627

Address _____ City _____ State _____ Zip Code _____

Seeks to gather leading thinkers, helping leaders accelerate innovation strategy & programs in their companies & cities.

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:

Facebook, Inc.	\$ 27.47	Tangent, Trinity's Ideas Workspace	\$ 54.75
_____ Name	_____ Amount	_____ Name	_____ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Dublin, Ireland 10/6/19-10/9/19

_____ Location of Travel _____ Dates (month, day, year) _____

British Airways Rail Air Bus Auto Other Clayton Hotel Cardiff Lane

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ 622.10	\$ 203.29	\$ 1,046.71	\$ 0.00	\$ 1,872.10
_____ Lodging Expenses	_____ Meal Expenses	_____ Transportation Expenses	_____ Other Expenses	_____ Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____

_____ Dates (month, day, year) _____ Total Expenses _____

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

Additional source: City of Dublin, Ireland provided dinner: \$71.17.
City staff spoke at the Smart Cities Innovation Accelerator: 5G Cityview

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

Beckel	Dolan	Director	CMO/Civic Innovation
_____ 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>D. Sykes</u>	<u>D. SYKES</u>	<u>CITY MANAGER</u>	<u>12/20/19</u>
_____ Signature	_____ Print Name	_____ Title	_____ (month, day, year)

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

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