

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose			<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E Santa Clara Street			
Area Code/Phone Number (408) 535-3500	Email mayoremail(@sanjoseca.gov)		
Agency Contact (name and title) Clayton Garner, Chief Innovation Officer to the Mayor		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Center for Digital Government

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 100 Blue Ravine Road Folsom CA 95630  
 Address City State Zip Code

A national research and advisory institute focused on technology policy and best practices in state and local government.

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** New Orleans, LA 04/13/2022-04/14/2022

Location of Travel Dates (month, day, year)

United Airlines  Rail  Air  Bus  Auto  Other The Roosevelt New Orleans

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 675.64 \$ 200.00 \$ 724.24 \$ \_\_\_\_\_ \$ 1,599.88

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. Flight ticket, hotel, and meals provided by the Center for Digital Government.

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

<u>Garner</u>	<u>Clayton</u>	<u>Chief Innovation Officer</u>	<u>Mayor's Office</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>Joy Rodriguez</u>	<u>Asst. City Clerk</u>	<u>05/13/22</u>
Signature	Print Name	Title	(month, day, year)

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

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