

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

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

Date Stamp RECEIVED

AUG 3 1 2022

City of San Jose Office of the City Clerk

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Center for Digital Government

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

Location of Travel

04/13/2022-04/14/2022

Dates (month, day, year)

United Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

The Roosevelt New Orleans

Name of Lodging Facility

\$ 675.64

Lodging Expenses

\$ 200

Meal Expenses

\$ 724.24

Transportation Expenses

\$

Other Expenses

\$ 1599.88

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)

Garner

Last Name

Clayton

First Name

Chief Innovation Officer

Position/Title

Mayor's Office

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

Clayton Garner

Print Name

Chief Innovation Officer

Title

08/17/2022

(month, day, year)

Comment:

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