

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San José

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

408-535-8100

Email

sandra.cranford@sanjoseca.gov

Agency Contact (name and title)

Sandra Cranford, Executive Assistant to the City Manager

San Jose City Clerk

e-mail [signature]

2023 MAR 30 PM 3: 51

Date Stamp

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 Other The Innovator's Forum

PO Box 37268 Raleigh NC 27627

Address City State Zip Code

Seeks to gather leading thinkers & through curated accelerators & summits, helps leaders accelerate their innovation strategy & programs in their companies and 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:

Name Amount Name Amount

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

3.1 (a) Travel Payment

Cambridge, Massachusetts

Location of Travel

8/12/2022-8/16/2022

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other

Sheraton Commander

Name of Lodging Facility

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.

Was a speaker for this conference, Event Organizer covered lodging and there was a hosted reception & dinner that included meal, drinks, room rental, service charge, tax, etc for \$134.83. In addition, refreshments, light snacks, & coffee were provided during event. During the conference they learn what has transformed invited cities & how they can use what has been learned to drive change for good

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

Hakrness Kip Deputy City Manager Office of City Manager

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 Rob Lloyd Deputy City Manager 03/28/2023

Comment:

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