

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 Date Stamp e-mail m 2023 MAR 30 PM 3: 52

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

Aspen Institute

1000 N. 3rd st.

Aspen

CO

81611

Address

City

State

Zip Code

Aspen Institute experts are leaders in their fields, bringing a wide range of backgrounds and perspectives all aimed at doing the most good for the greatest number of people.

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

Amsterdam, Netherlands

10/8/22-10/12/22

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail Air Bus Auto Other

Grand Hotel Krasnapolsky

Name of Lodging Facility

\$ 1,050.00

\$ 300.00

Transportation Expenses

Other Expenses

\$ 1,350.00

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.

Attended on behalf of the city Mangers office with focus on the urban blight,digital privacy,and cybersecurity solutions. Aspen Institute covered 3 nights of Lodging and meals provided during the conference. Aspen Institute experts are leaders in their fields, bringing a wide range of backgrounds and perspectives all aimed at doing the most good for the greatest number of people.

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

Lloyd

Robert

Deputy City Manager

Office of City Manager

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.

Leland Wilcox

Leland Wilcox

Assistant City Manager

03/28/2023

Signature

Print Name

Title

(month, day, year)

Comment:

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

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