

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

RECEIVED San Jose City Clerk Date Stamp 2023 MAR 30 PM 3:51 email [initials]

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- A Divison

Name

100 Blue Ravine Road, Suite 100

Folsom

CA

95630

Address

City

State

Zip Code

The Center provides public and private sector leaders with decision support, knowledge and opportunities to help them effectively incorporate new technologies in the 21st century.

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

McLean, VA

Location of Travel

2/22/2023 - 2/24/2023

Dates (month, day, year)

United/American Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Ritz-Carlton, Tysons Corner

Name of Lodging Facility

\$ 424.88

Lodging Expenses

\$

Meal Expenses

\$ 833.65

Transportation Expenses

\$ 271.92

Other Expenses

\$ 1,530.00

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.

The Center for Digital Government provides public and private sector leaders with decision support, knowledge and opportunities to help them effectively incorporate new technologies in the 21st century For Public Sector speakers the organization covers airfare, ground transportation, hotel accommodations and Conference meals.

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

Lloyd

Last Name

Robert

First Name

Deputy City Manager

Position/Title

Office of City Manager

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

Signature

Leland Wilcox

Print Name

Assistant City Manager

Title

03/28/2023

(month, day, year)

Comment:

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

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