

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office

Street Address

200 E. Santa Clara Street, San Jose, CA 95113

Area Code/Phone Number

(408) 535-8111

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Jennifer Maguire, City Manager

San Jose Date Stamp

2023 JUN 30 AM 9:53

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

Joint Venture Silicon Valley

Name

P.O. Box 720010

San Jose

CA

95172

Address

City

State

Zip Code

Provides analysis and action on issues affecting the Silicon Valley economy and quality of Life.

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

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

6/15/23

\$ 600.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Cities Association of Santa Clara County Annual Membership Dinner in partnership with Silicon Valley Clean Energy and Joint Venture Silicon Valley.

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

Kamei

Rosemary

Councilmember

City Council

Last Name

First Name

Position/Title

Department/Division

Doan

Bien

Councilmember

City Council

Last Name

First Name

Position/Title

Department/Division

Cohen

David

Councilmember

City Council

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Jennifer Maguire

Print Name

City Manager

Title

06-27-2023

(month, day, year)

Comment:

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