1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
City Manager's Office
Street Address
200 E. Santa Clara Street
Area Code/Phone Number
(408) 535-8100
Email
webmaster.manager@sanjoseca.gov
Agency Contact (name and title)
Kip Harkness, Deputy City Manager

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Other</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dekalb</td>
<td></td>
<td></td>
<td>Smart Grid Observer</td>
</tr>
<tr>
<td>565 Garden Road</td>
<td></td>
<td></td>
<td>565 Garden Road</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Dekalb</td>
<td>IL</td>
<td>60115</td>
<td></td>
</tr>
</tbody>
</table>

Smart Grid Observer (SGO) is an online information portal and weekly e-newsletter serving the global smart grid industry.

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment
Location of Travel
Chicago, IL
Transportation Provider
American Airlines
Transportation Expenses
$400.00
Lodging Expenses
$400.00
Date (month, day, year)
1/24/17 - 1/25/17
Name of Lodging Facility
Renaissance Blackstone Hotel

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

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Deputy City Manager Kip Harkness to provide Keynote Address: Gathering the Tribe - Lessons in Technology Innovation from Peace Corps to PayPal at Smart Cities International Symposium and Exhibition 2017 in Chicago, IL.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harkness</td>
<td>Kip</td>
<td>Deputy City Manager</td>
<td>City Manager's Office</td>
</tr>
</tbody>
</table>

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

Signature
Norberto Dueñas
City Manager
Title
City Manager's Office
Date
5/11/17

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