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) 535-8111
Agency Contact (name and title)
Leland Wilcox, Chief of Staff, City Manager's Office

2. Donor Name and Address
□ Individual
☑ Other
P.O. Box 37268
Raleigh, NC 27627
Name: The Innovator's Forum
Address: Seeks to gather leading thinkers, helping leaders accelerate innovation strategy & programs in their companies & cities.
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

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

3.1 (a) Travel Payment
Location of Travel: Dublin, Ireland
Dates (month, day, year): 10/6/19-10/9/19
Transportation Provider: British Airways
Check Applicable Boxes:
□ Rail □ Air □ Bus □ Auto □ Other
$622.10 Lodging Expenses
$203.29 Meal Expenses
$1,046.71 Transportation Expenses
$0.00 Other Expenses
$1,872.10 Total Expenses

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

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Additional source: City of Dublin, Ireland provided dinner: $71.17.
City staff spoke at the Smart Cities Innovation Accelerator: 5G Cityview

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Beckel
Last Name: Dolan
First Name: Director
Position/Title: CMO/Civic Innovation
Department/Division

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

Signature: Print Name: Title: Date (month, day, year):

Comment: (Use this space or an attachment for any additional information)
FPPC Form 801 (Jan/18)
advice@fppc.ca.gov