

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 St., San Jose, 95113 CA

Area Code/Phone Number

408-535-8126

Email

erica.garaffo@sanjoseca.gov

Agency Contact (name and title)

Erica Garaffo, Executive Analyst

RECEIVED Date Stamp San Jose City Clerk 2015 SEP -4 AM 11:37

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

Johns Hopkins University

Name

3400 NORTH CHARLES STREET

BALTIMORE

MD

21218

Address

City

State

Zip Code

Johns Hopkins University Center for Government Excellence, as part of the What Works Cities Initiative

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:

09/03/15

Dates (month, day, year)

\$ 252.89

Total Expenses

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

Lunch attended by seven City staff from CMO, ESD, DOT, and the Mayor's Office. The lunch was part of a meeting conducted by staff from the Center for Government Excellence - John Hopkins University as part of the What Works Cities Initiative.

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

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.

Erica Garaffo

Digitally signed by Erica Garaffo Date: 2015.09.04 11:27:57 -07'00'

Erica Garaffo

Executive Analyst

09/04/15

Signature

Print Name

Title

(month, day, year)

Comment:

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