

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

| | | | |
|--|--|---|---|
| 1. Agency Name City of San Jose | | San Jose City Clerk Date Stamp 2016 AUG 17 AM 10:53 SP OTC | California Form 801 For Official Use Only |
| 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) 535-8100 | Email webmaster.manager@sanjoseca.gov | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Kim Welsh, Deputy City Manager | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Smart Gig Media

_____ Last Name _____ First Name _____ Name _____
 8776 E. Shea Blvd., Suite 106-405 Scottsdale AZ 85260
 Address City State Zip Code

Smart Gig Media is a media firm that provides info & education in broadband communication & next generation technology
 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) _____

_____ Rail Air Bus Auto Other _____
 Transportation Provider 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: _____ June 27-28, 2016 \$ 995.00
 Dates (month, day, year) Total Expenses

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

Staff to attend the SmartGigabit Bay Area conference in Santa Clara, CA. Conference to explore opportunities in ultra-high speed broadband networking and "Internet of Things".

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

See attached 802 Form

| | | | |
|-----------|------------|----------------|---------------------|
| _____ | _____ | _____ | _____ |
| 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.

[Signature] NOA RAY DUENAS CITY MANAGER 8/12/16
 Signature Print Name Title (month, day/year)

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

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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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| | | | |
|---|---|--|---|
| 1. Agency Name City of San Jose | | San Jose City Clerk Date Stamp 2016 AUG 17 AM 10:58 EP OTC | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) City Manager's Office | | | |
| Designated Agency Contact (Name, Title) Kim Welsh, Deputy City Manager | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number (408) 535-8100 | E-mail webmaster.manager@sanjoseca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 199.00

Event Description: Smart Gigabit Bay Area Conference Date(s) 6 / 27 / 16 6 / 28 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

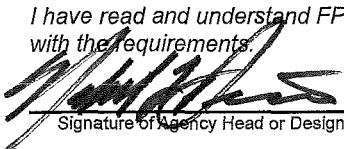
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Santosham, Shireen (Chief Innovation Officer) | 1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Broadband Networking |
| Russo, Khanh (Director, Office Strategic Partnership and Innovation) | 1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Broadband Networking |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee

 NORBERTO DUEÑAS
 Print Name

 CITY MANAGER
 Title

 8/12/16
 (month, day, year)

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet**

Agency Name

City of San Jose

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|---|
| | | |
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Lim-Tsao, Lily (Program Manager II) | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Broadband networking |
| Salvail, Ken (DOT) | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Broadband networking |
| Nguyen, Ho | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Broadband networking |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
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