

Payment to Agency Report

A Public Document

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 | Email webmaster.manager@sanjoseca.gov  
 Agency Contact (name and title)  
 Leland Wilcox, Chief of Staff, City Manager's Office

RECEIVED  
 San Jose City Clerk  
 Date Stamp  
 2019 DEC 23 AM 11:00  
 OTC LG

**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 \_\_\_\_\_  Other nGage Events, LLC  
 Last Name First Name Name  
 170 Pine Point Road Scarborough ME 04074  
 Address City State Zip Code

Producer of host-based, invitation-only business events bringing together leading vendors with qualified decision makers.  
 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** San Diego, California 9/16/19-9/18/19  
 Location of Travel Dates (month, day, year)  
 Southwest Airlines  Rail  Air  Bus  Auto  Other La Jolla Marriott  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ 898.75 \$ 101.00 \$ 97.96 \$ 0.00 \$ 1,097.71  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates (month, day, year) Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 City staff spoke at the IoT Exchange Smart Cities Summit.  
 Meal expenses based on established U.S. GSA per diem rates.

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

Gupta	Keshav	IoT Lead	CMO/Civic Innovation
_____	_____	_____	_____
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.

D. Sykes D. SYKES CITY MANAGER 12/20/19  
 Signature Print Name Title (month, day, year)

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

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