

Payment to Agency Report

A Public Document

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PAYMENT TO AGENCY REPORT

1. Agency Name

SanJoseMayor'sOffice

Division, Department, or Region (if applicable)

N/A

Street Address

200E.SantaClaraST

Area Code/Phone Number

408-535-4818

Email

henry.tsai@sanjoseca.gov

Agency Contact (name and title)

N/A

Date Stamp
2018 JAN -4 AM 11:51

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 12/19/17 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

HarvardKennedySchool

Name

79JohnF.KennedySt.

Cambridge

MA

02138

Address

City

State

Zip Code

Educational Institution

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

Cambridge, MA

Location of Travel

11/8/17

Dates (month, day, year)

UnitedAirlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

CharlesHotel

Name of Lodging Facility

\$ 678

Lodging Expenses

\$ 450

Meal Expenses

\$ 404.80

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.

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

Tsai

Last Name

Henry

First Name

TempU

Position/Title

Mayor'sOffice

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

HENRY TSAI

Print Name

TEMPU

Title

12/19/17 (month, day, year)

Comment:

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