

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 <i>IOM</i> 2017 DEC -1 PM 3:09	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Information Technology			
Street Address 200 E Santa Clara St, San Jose, CA - 95113			
Area Code/Phone Number 408-535-3500	Email webmaster.manager@sanjoseca.gov		
Agency Contact (name and title) Rob Lloyd, CIO		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Ash Center at Harvard Kennedy School

Last Name: _____ First Name: _____ Name: _____
 79 John F. Kennedy St Cambridge MA 02138
 Address City State Zip Code

The Ash Center advances innovation in governance and public policy through research, education, and public discussion.

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

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

3.1 (a) Travel Payment Cambridge, MA 11/5/2017-11/8-2017

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other The Charles Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,017.00 \$ 450.00 \$ 645.19 \$ _____ \$ 2,112.19
 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.

Summit for Data smart government and convening for Civic Analytics Network (CAN) a group of Chief Data Officers from America's largest cities. Ash Center at Harvard Kennedy School was the sponsor of the event with the goal to advance the use of data analytics in municipal government.

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

<u>Tangri</u>	<u>Arti</u>	<u>Data Architect</u>	<u>Information Technology</u>
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.

Rob Lloyd Rob Lloyd CIO 11/29/17

Signature Print Name Title (month, day, year)

Comment: Work on open government, data transparency, & data sharing
(Use this space or an attachment for any additional information)

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