Payment to Agency Report   A Public Document

1. Agency Name	Date Stamp	**California Form 801**
City of San Jose	2016 AUG -9 AM 11: 11	For Official Use Only

Division, Department, or Region (if applicable)

Office of Economic Development

Street Address

200 E. Santa Clara Street, San Jose, CA 95113

Area Code/Phone Number	**Email**	
(408) 535-8111	webmaster.manager@sanjoseca.gov	☐ **Amendment** (explain in comment section)

Agency Contact (name and title)

Kim Walesh, Deputy City Manager

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____   ☑ Other   Urban Institute
　　　　　　Last Name　　　　　First Name　　　　　　　　　　　　　Name

2100 M. Street, NW　　　　Washington　　　　　D.C.　　　20037
Address　　　　　　　　　City　　　　　　　　State　　　Zip Code

Urban Institute offers solutions through economic and social policy research.

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　Washington, D.C.　　　　　　5/2/16 - 5/3/16
　　　　　　　　　　Location of Travel　　　　　　　Dates (month, day, year)

American Airlines _____ ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other   One Washington Circle Hotel
Transportation Provider　　　　　　Check Applicable Boxes　　　　Name of Lodging Facility

$ 326.33 _____　$ _____　$ 851.18 _____　$ _____　$ 1,177.51 _____
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.

Attended the "Badging the Future: Can Digital Credentials Create Pathways to Careers and College for Today's Youth?" conference.

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

Thoo	Lawrence	Analyst II	OED/Work2Future
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.

_____　Norberto L. Duenas   City Manager　8/3/16
Signature　　　　　Print Name　　　　Title　　　(month, day, year)

Comment:

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

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