

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose
Division, Department, or Region (if applicable)
City Manager's Office of Economic Development

Street Address
200 E. Santa Clara Street

Area Code/Phone Number (408) 535-8100
Email webmaster.manager@sanjoseca.gov

Agency Contact (name and title)
Kim Walesh, Deputy City Manager

RECEIVED Date Stamp
San Jose City Clerk
2016 NOV 10 PM 3:53
OTC

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 Knight Foundation
Last Name First Name Name
200 S. Biscayne Blvd Miami CA 33131
Address City State Zip Code

The Knight Foundation focuses on and promotes projects that create improvements in communities

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)
Transportation Provider Rail Air Bus Auto Other
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:

10/10/16-10/11/16 \$ 4,000.00
Dates (month, day, year) Total Expenses

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

Registration for two employees to attend the Next Economy Summit in San Francisco to learn about new trends in the organization of work particularly related to technological advances.

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

Thong Michelle Business Development OED
Last Name First Name Position/Title Department/Division
Yilmaz Bige Project Manager OED
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 Print Name Title (month, day, year)
WOLBERTO DUEÑA CITY Manager 11/10/16

Comment:

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