

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Parks, Recreation & Neighborhood Services (PRNS)

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

(408) 535-8100

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Jon Cicirelli, Director

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual _____ Other Knight Foundation

97 South 2nd Street San Jose CA 95113

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 Boston, MA October 15 - 17, 2019
Location of Travel Dates (month, day, year)

Delta Air Rail Air Bus Auto Other Boston Park Plaza
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 618.42 \$ 84.00 \$ 681.99 \$ _____ \$ 1,384.41
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.

Knight Foundation Study Tour on Community Engagement/Technology

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

Buzo Laura Recreation Superintendent PRNS
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. 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)