

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b> SAN JOSE 2025 JUL 30 PM 12:24 AH OTC	<b>California Form 801</b> For Official Use Only CITY CLERK
City of San Jose			
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara Street, 18th Floor			
Area Code/Phone Number (408) 535-1260	Email city.clerk@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Toni Taber, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other The Knight Foundation

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
 2850 Tigertail Ave, Suite 600 Miami FL 33133  
 Address City State Zip Code

Philanthropic partner for the City of San Jose

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 Miami, Florida 02/19/25 - 02/21/25

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year)

United Airlines  Rail  Air  Bus  Auto  Other InterContinental Miami

\_\_\_\_\_ Transportation Provider \_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_ Name of Lodging Facility

\$ 833.94 \$ 82.00 \$ 858.53 \$ \_\_\_\_\_ \$ 1,774.47

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. All expenses were paid for by The Knight Foundation.

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

<u>Mahan</u>	<u>Matt</u>	<u>Mayor</u>	<u>Mayor's Office</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.

[Signature] Jay Rodriguez Asst. City Clerk 07/30/2025

Signature Print Name Title (month, day, year)

Comment:

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

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