

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|---|--------------------------------------|---|---|
| 1. Agency Name City of San Jose | | Date Stamp RECEIVED SAN JOSE CITY CLERK 2026 MAR 03 PM02:30 | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) Energy Department | | | |
| Street Address 200 E. Santa Clara St | | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number 408-535-4999 | Email lori.mitchell@sanjoseca.gov | | |
| Agency Contact (name and title) Lori Mitchell, Director of Energy Department | | | |

2. Donor Name and Address

Individual _____ Other Royal Danish Consulate General & Trade Council

_____ Last Name First Name Name

2 Bloor St W, Ste 2109, Toronto, ON, M4W 3E2

Address City State Zip Code

Purpose is to combine expertise from Denmark, CA, and British Columbia to exchange ideas, share solutions, and experience firsthand the transformative potential of district energy.

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 Copenhagen, Denmark 11/01/25

Location of Travel Dates (month, day, year)

Scandanavian Airlines Rail Air Bus Auto Other Scandic Copenhagen Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 916.04 \$ _____ \$ 928.07 \$ _____ \$ 1,844.11

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____

Dates (month, day, year) (Round to whole dollars)

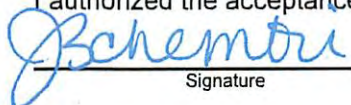
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

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

| | | |
|----------------------|-----------------|--------------------------|
| <u>Lori Mitchell</u> | <u>Director</u> | <u>Energy Department</u> |
| Last Name | First Name | Position/Title |
| _____ | _____ | _____ |
| Last Name | First Name | Position/Title |
| _____ | _____ | _____ |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

| | | | |
|--|--------------------------|----------------------------|--------------------|
|  | <u>Jennifer Schembri</u> | <u>Deputy City Manager</u> | <u>3/3/2026</u> |
| Signature | Print Name | Title | (month, day, year) |

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