

**Payment to Agency Report**

**A Public Document**

RECEIVED PAYMENT TO AGENCY REPORT

|   |   |   |
|---|---|---|
| <b>1. Agency Name</b><br>City of San Jose   |   | San Jose City of California<br>Date Stamp: <i>OTC</i><br>2018 AUG 10 AM 10:53<br><b>Form 801</b><br>For Official Use Only             |
| <b>Division, Department, or Region</b> (if applicable)<br>Parks, Recreation & Neighborhood Services |   |   |
| <b>Street Address</b><br>200 E. Santa Clara Street San Jose, CA 95113                               |   |   |
| <b>Area Code/Phone Number</b><br>(408) 535-8100   | <b>Email</b><br>webmaster.manager@sanjoseca.gov | <input type="checkbox"/> <b>Amendment</b> (explain in comment section)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |
| <b>Agency Contact</b> (name and title)<br>Angel Rios, Deputy City Manager                           |   |   |

**2. Donor Name and Address**

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

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
 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** New York City, New York June 28-30, 2018

Alaska Airlines  Rail  Air  Bus  Auto  Other Walker Hotel  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 661.00 \$ 203.50 \$ 767.81 \$ \_\_\_\_\_  
 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.**

Attend the Games for Change Conference to participate on a panel of open street experts and share experiences related to the Pokemon Go and Niantic Partnership at the 2017 VivaCalle SJ program.

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

|                    |                     |                            |                              |
|--------------------|---------------------|----------------------------|------------------------------|
| <u>Solis</u>       | <u>Ed</u>           | <u>Rec. Superintendent</u> | <u>PRNS</u>                  |
| _____<br>Last Name | _____<br>First Name | _____<br>Position/Title    | _____<br>Department/Division |
| _____<br>Last Name | _____<br>First Name | _____<br>Position/Title    | _____<br>Department/Division |

**4. Verification**

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

*D. Sykes* D. SYKES CITY MANAGER 8/9/18  
 Signature Print Name Title (month, day, year)

Comment:

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