

Payment to Agency Report

A Public Document

City of San Jose

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose
Division, Department, or Region (if applicable)
Mayor's Office
Street Address
200 E. Santa Clara St, San Jose, CA 95113
Area Code/Phone Number
(408) 535-4800
Email
mayoremail@sanjoseca.gov
Agency Contact (name and title)
Rhonda Hadnot

Office of the City Clerk
Date Stamp
JAN 22 2020
ACCEPTED
REJECTED

California Form 801
For Official Use Only

2. Donor Name and Address

Individual [] Other [x] Knight Foundation
Last Name First Name Name
200 S Biscayne Blvd #3300 Miami FL 33131
Address City State Zip Code
Philanthropic Foundation

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
Philadelphia Location of Travel
9/16/2018 Dates (month, day, year)
Delta Transportation Provider
Rail [] Air [x] Bus [] Auto [] Other []
The Study Hotel Name of Lodging Facility
\$500.00 \$452.00 \$200.00 \$500.00 \$250.00 \$1,225.00 \$1152.00
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.

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

Santosham Shireen Sr. Policy Advisor Mayor's Office
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: [Handwritten Signature] Print Name: TONI TABER Title: City Clerk Date: 1/21/20

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

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