

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San José
Division, Department, or Region (if applicable)
Office of the City Manager
Street Address
200 E. Santa Clara St., San Jose, CA 95113
Area Code/Phone Number
(408) 535-8111
Email
webmaster.manager@sanjoseca.gov
Agency Contact (name and title)
Leland Wilcox, Chief of Staff, City Manager's Office

RECEIVED
San Jose City Clerk
Date Stamp
2019 DEC 23 AM 11:00
OTC LG

California Form 801
For Official Use Only

Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Knight Foundation
Last Name First Name Name
200 S. Biscayne Blvd., Suite 3300 Miami FL 33131
Address City State Zip Code

To foster informed and engaged communities, which the donor believes are essential for a healthy democracy.
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, Massachusetts 10/16/19-10/18/19
Location of Travel Dates (month, day, year)
Southwest Airlines Transportation Provider Rail Air Bus Auto Other Boston Park Plaza
Name of Lodging Facility
\$ 927.63 \$ 205.00 \$ 346.50 \$ 0.00 \$ 1,479.13
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.
City staff participated in the Study Tour of Boston's Beta Blocks Initiative.

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

Guevara J. Broadband Manager CMO/Civic Innovation
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 D. Sykes Print Name D. SYKES Title CITY MANAGER Date 12/20/19

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

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