

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 LL

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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Boston, Massachusetts 10/15/19-10/18/19
 Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Boston Park Plaza
 Transportation Provider Check Applicable Boxes 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

 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.

D. Sykes D. SYKES CITY MANAGER 12/20/19
 Signature Print Name Title (month, day, year)

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

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