

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

California Form 801  
For Official Use Only

1. Agency Name

City of San Jose  
Division, Department, or Region (if applicable)  
City Manager's Office  
Street Address  
200 East Santa Clara St, San Jose, CA 95113  
Area Code/Phone Number (408)535-8100  
Email webmaster.manager@sanjoseca.gov  
Agency Contact (name and title)  
Kip Harkness, Deputy City Manager

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 300 Miami FL 33131  
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 Detroit, Michigan November 5 - 8, 2019  
Location of Travel Dates (month, day, year)  
United Airlines  Rail  Air  Bus  Auto  Other Westin Book Cadillac  
Transportation Provider Check Applicable Boxes Name of Lodging Facility  
\$ 603.75 \$ 102.00 \$ 425.25 \$ \_\_\_\_\_ \$ 1,131.00  
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.  
Attend the Knight Smart Cities convening as a grantee, and share experiences related to creating resident-centered, data-informed digital services that engage residents in keeping their communities safe and clean.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)  
Thong Michelle Senior Executive Analyst City Manager's Office  
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. D. Sykes Signature D. SYKES Print Name CITY MANAGER Title 12/23/19 (month, day, year)

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

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