

Payment to Agency Report

A Public Document RECEIVED

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Library

Street Address

150 E. San Fernando St., San Jose CA 95112

Area Code/Phone Number

408-535-3500

Email

sandra.cranford@sanjoseca.gov

Agency Contact (name and title)

Sandra Cranford

San Jose City Clerk Date Stamp e-mail m 2023 JUN 16 AM 8:52

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

Last Name

First Name

Other

Knight Foundation

Name

2850 Tigertail Avenue, Suite 600

Miami

FL

33133

Address

City

State

Zip Code

Non-profit foundation that provides grants for Journalism, communities, and the arts.

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

Miami, FL

Location of Travel

02/19/23-02/24/23

Dates (month, day, year)

Delta

Transportation Provider

Rail

Air

Bus

Auto

Other

JW Marriott Marquis

Name of Lodging Facility

\$ 1,702.75

Lodging Expenses

\$ Meal Expenses

\$ 540.30

Transportation Expenses

\$ Other Expenses

\$ 2,243.05

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.

Travel to be a panelist at the Knight Library Conference and attend the Knight Media Conference.

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

Bourne

Last Name

Jill

First Name

Library Director

Position/Title

Library

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.

Signature

Signature

Rob Lloyd

Print Name

De

Title

06/15/2023

(month, day, year)

Comment:

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