# Payment to Agency Report

A Public Document

## 1. Agency Name

City of San Jose  
**Division, Department, or Region (if applicable)**  
Parks, Recreation & Neighborhood Services  
**Street Address**  
200 E. Santa Clara Street  
**Area Code/Phone Number**  
(408) 535-8100  
**Email**  
webmaster.manager@sanjoseca.gov  
**For Official Use Only**  
Division, Department, or Region (if applicable)  
Parks, Recreation & Neighborhood Services  
**For Official Use Only**  
Street Address  
200 E. Santa Clara Street  
**For Official Use Only**  
Area Code/Phone Number  
(408) 535-8100  
**Email**  
webmaster.manager@sanjoseca.gov  
**For Official Use Only**  
Amendment (explain in comment section)  
Date of Original Filing:  
(month, day, year)  

## 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knight Foundation</td>
<td>200 S. Biscayne Blvd.</td>
<td>Miami</td>
<td>FL</td>
<td>33131</td>
<td></td>
</tr>
</tbody>
</table>

Knight Foundation supports transformational ideas that promote quality journalism, engages communities & foster 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:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
<th>Transportation Provider</th>
<th>Name of Lodging Facility</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto, Canada</td>
<td>6/25/16 - 6/28/16</td>
<td>American Airlines</td>
<td>Pantages Hotel</td>
<td>$1,472.79</td>
</tr>
<tr>
<td>Rail</td>
<td>938.39</td>
<td>Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus</td>
<td></td>
<td>Auto</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### 3.2. Payment Description.

Provide a specific description of the payment and its agency purpose and use.

Attend the 2016 K880 Emerging City Champion Fellowship program. A professional development conference for young community leaders that explores improving public spaces, engaging residents civically, and strengthening mobility across social and economic barriers.

### 3.3. Identify the officials who used the payment in Section 3.1

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendez</td>
<td>Zacharias</td>
<td>Rec Program Specialist</td>
<td>Parks, Rec &amp; Neigh Serv.</td>
</tr>
</tbody>
</table>

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  
Print Name  
Title  
(month, day, year)  

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