## Payment to Agency Report

### 1. Agency Name
City of San Jose  
Division, Department, or Region (if applicable)
City Manager's Office of Economic Development  
Street Address
200 E. Santa Clara Street  
Area Code/Phone Number (408) 535-8100  
Email webmaster.manager@sanjoseca.gov  
Agency Contact (name and title)
Kim Walesh, Deputy City Manager

### 2. Donor Name and Address
- **Individual**  
  - Last Name  
  - First Name  
  - 200 S. Biscayne Blvd.  
  - Miami, FL 33131  
- **Other**  
  - Knight Foundation  
  - Name  
  - FL 33131  

The Knight Foundation focuses & 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:

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

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

#### 3.1 (a) Travel Payment
- **Location of Travel**
- **Transportation Provider**  
  - Rail  
  - Air  
  - Bus  
  - Auto  
  - Other

- **Dates (month, day, year)**
- **Name of Lodging Facility**

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### 3.1 (b) Payment(s) not related to travel:
- **Dates (month, day, year)**
- **Total Expenses**

<table>
<thead>
<tr>
<th>$ 9/14/16</th>
<th>486.84</th>
</tr>
</thead>
</table>

#### 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Dinner with special guest Joe Cortright hosted by the Knight Foundation  
71 Saint Peter Modern European Kitchen, 71 N San Pedro St, San José, CA 95110

#### 3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
see attached list

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

### 4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

**Signature** Norberto Duñas  
**Print Name** City Manager  
**Title**  
**Date** 10/6/16

**Comment:**
(Use this space or an attachment for any additional information)
Dinner with Joe Cortright  
Hosted by the Knight Foundation  
September 14, 2016  
City of San José Attendees

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walesh</td>
<td>Kim</td>
<td>Deputy City Manager</td>
<td>City Manager's Office</td>
</tr>
<tr>
<td>Angelo</td>
<td>Joe</td>
<td>Director</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Schembri</td>
<td>Jennifer</td>
<td>Director</td>
<td>Employee Relations</td>
</tr>
<tr>
<td>Klein</td>
<td>Nanci</td>
<td>Assistant Director</td>
<td>Economic Development</td>
</tr>
<tr>
<td>Harkness</td>
<td>Kip</td>
<td>Deputy City Manager</td>
<td>City Manager's Office</td>
</tr>
<tr>
<td>Thong</td>
<td>Michelle</td>
<td>Business Development Officer</td>
<td>Economic Development</td>
</tr>
</tbody>
</table>