Payment to Agency Report

1. Agency Name
CITY OF SAN JOSE

Division, Department, or Region (if applicable)
MAYOR/COUNCIL

Street Address
200 EAST SANTA CLARA STREET

Area Code/Phone Number
408-535-1260

Email
CITY.CLERK@SANJOSECA.GOV

Agency Contact (name and title)
CITY CLERK TONI J. TABER CMC

2. Donor Name and Address

□ Individual
□ Other

8-80 CITIES & KNIGHT FOUNDATION

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>
<tbody>
<tr>
<td>8-80 CITIES &amp; KNIGHT FOUNDATION</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

Location of Travel
JALISCO, MEXICO

Transportation Provider
□ Rail  □ Air  □ Bus  □ Auto  □ Other

Lodging Expenses: $942.00
Meal Expenses: $77.00
Transportation Expenses: $1077.00
Other Expenses: $660.00
Total Expenses: $2756.00

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

Dates (month, day, year)
5/3/17 - 5/8/17

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

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

ARENAS SYLVIA
COUNCILMEMBER
MAYOR/COUNCIL

4. Verification

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

Signature
Toni Taber
City Clerk

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov