Payment to Agency Report A Public Document

1. Agency Name
City of San Jose

Division, Department, or Region (if applicable)
Office of the Mayor

Street Address
200 E. Santa Clara St, San Jose, CA 95113

Area Code/Phone Number 408-535-2846
Email khanh.russo@sanjoseca.gov

Agency Contact (name and title)
Khanh Russo, Sr. Policy Advisor

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities of Service</td>
<td>New York</td>
<td>NY</td>
<td>10017</td>
</tr>
</tbody>
</table>

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

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>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
<th>Name of Lodging Facility</th>
<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>New York, NY</td>
<td>5/15/2018</td>
<td>JetBlue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Hotel</td>
<td>$608.74</td>
<td></td>
<td>$1,687.40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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


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

Funding covered transportation (air and taxi) and lodging. Khanh was a panelist at the Engaged Cities Award and Summit where training was provided on how to improve civic engagement efforts by the City.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russo</td>
<td>Khanh</td>
<td>Sr. Policy Advisor</td>
<td>Office of the Mayor</td>
</tr>
</tbody>
</table>

4. Verification

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

[Signature]

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