## Payment to Agency Report

### 1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Mayor's Office

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

408-535-1260

Email

city.clerk@sanjoseca.gov

Agency Contact (name and title)

Toni Taber, City Clerk

### 2. Donor Name and Address

- **Individual**

  - Last Name
  - First Name
  - Name: SPUR/Knight Foundation
  - Address: City of San Jose
  - Email: city.clerk@sanjoseca.gov

  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

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

#### 3.1 (a) Travel Payment

- Location of Travel: Netherlands & France

- Transportation Provider:

  - Delta/KLM Royal Dutch/Air France

- Transportation Expenses:

  - Rail: $1,260.00
  - Air: $250.00
  - Bus: $1,992.26
  - Auto: $125.00

- Name of Lodging Facility: Swissotel Amsterdam

- Other Expenses: $3,627.26

- Total Expenses: $11,927.26

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

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#### 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)

- Liccardo, Sam
- Mayor
- City of San Jose

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<th>Position/Title</th>
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### 4. Verification

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

Signature: Sam Liccardo
Print Name: Mayor
Title: City of San Jose

11/14/17 (month, day, year)

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

advice@fppc.ca.gov