### Payment to Agency Report

**1. Agency Name**
City of San Jose

**Division, Department, or Region** (if applicable)
Library Department

**Street Address**
150 East San Fernando Street, San Jose, CA 95112

**Area Code/Phone Number**
408-808-2349

**Email**
julie.oborny@sanjoseca.gov

**Agency Contact** (name and title)
Julie Oborny, Librarian II

### 2. Donor Name and Address

- **Individual**: 
- **Other**

<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>S. Biscayne Blvd.</td>
<td>Miami</td>
<td>FL</td>
<td>33131</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Through philanthropy 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

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aarhus, Denmark</td>
<td>06/07/17 - 06/14/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Provider</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>Scandinavian Airlines (SAS)</td>
<td>$406.01</td>
<td>$29.79</td>
<td>$2,382.87</td>
<td>$802.21</td>
<td>$3,620.88</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>0</td>
<td>$3,620.88</td>
</tr>
</tbody>
</table>

### 3.2. Payment Description

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

Expenses incurred for travel, lodging, meals, and conference registration paid by the Knight Foundation. Julie was invited to attend Next Library. The purpose was for international library professionals to share innovative ideas, develop partners, and bring info. back to their communities.

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

- **Last Name** | **First Name** | **Position/Title** | **Department/Division**
- Oborny | Julie | Librarian II | Library - Web Services

### 4. Verification

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

Signature: [Signature]
Print Name: Davioskyes
Title: City Manager
Date: 4/26/18

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