## Payment to Agency Report

### 1. Agency Name
City of San Jose

### Division, Department, or Region (if applicable)
Parks, Recreation & Neighborhood Services

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

### Area Code/Phone Number
(408) 535-8100

### Email
webmaster.manager@sanjoseca.gov

### Agency Contact (name and title)
Angel Rios, Deputy City Manager

### 2. Donor Name and Address

- **Individual**
  - Last Name: Last Name
  - First Name: First Name
  - Address: 97 South 2nd Street
  - City: San Jose
  - State: CA
  - Zip Code: 95113

  The Knight Foundation focuses on and 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>
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<tbody>
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</tbody>
</table>

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

#### 3.1 (a) Travel Payment

- **Location of Travel**: New York City, New York
- **Dates (month, day, year)**: June 28-30, 2018
- **Transportation Provider**: Alaska Airlines
- **Transportation Expenses**: $661.00
- **Lodging Expenses**: $767.81
- **Name of Lodging Facility**: Walker Hotel
- **Other Expenses**: $203.50
- **Total Expenses**: $1,622.37

#### 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>
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<td>$</td>
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</tbody>
</table>

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

Attend the Games for Change Conference to participate on a panel of open street experts and share experiences related to the Pokemon Go and Niantic Partnership at the 2017 VivaCalle SJ program.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solis</td>
<td>Ed</td>
<td>Rec. Superintendent</td>
<td>PRNS</td>
</tr>
<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**: D. Sykes

**Print Name**: City Manager

**Title**: (month, day, year)

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

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