Payment to Agency Report

1. Agency Name
   City of San Jose
   Mayor's Office

Division, Department, or Region (if applicable)
   Mayor's Office

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

Area Code/Phone Number
   (408) 535-4800

Email
   mayoremail@sanjoseca.gov

Agency Contact (name and title)
   Rhonda Hadnot

2. Donor Name and Address
   Knight Foundation
   200 S Biscayne Blvd #3300
   Miami FL 33131
   Philanthropic 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>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
   Philadelphia
   Location of Travel
   9/16/2018
   Dates (month, day, year)
   Delta
   Transportation Provider
   Rail
   Air
   Bus
   Auto
   Other
   The Study Hotel
   Name of Lodging Facility
   $452
   Lodging Expenses
   $200.00
   Meal Expenses
   $500.00
   Transportation Expenses
   $265
   Other Expenses
   $1,152
   Total Expenses

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.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
   Santosham
   Shireen
   Sr. Policy Advisor
   Mayor's Office

   Last Name
   First Name
   Position/Title

4. Verification
   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   Signature
   Print Name
   Title
   (month, day, year)

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

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