# Payment to Agency Report

## 1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
City Manager's Office
Street Address
200 East Santa Clara St, San Jose, CA 95113
Area Code/Phone Number
(408)535-8100
Email
webmaster.manager@sanjose.ca.gov
Agency Contact (name and title)
Kip Harkness, Deputy City Manager

## 2. Donor Name and Address
- **Donor Name and Address**
  - **Knight Foundation**
  - **200 S Biscayne Blvd, Suite 300**
  - **Miami, FL 33131**

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>
</thead>
</table>

<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
- **Location of Travel**
- **United Airlines**
- **Transportation Provider**
- **Westin Book Cadillac**
- **Name of Lodging Facility**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging Expenses</td>
<td>$603.75</td>
</tr>
<tr>
<td>Meal Expenses</td>
<td>$102.00</td>
</tr>
<tr>
<td>Transportation Expenses</td>
<td>$425.25</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>$1,131.00</td>
</tr>
</tbody>
</table>

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

Attend the Knight Smart Cities convening as a grantee, and share experiences related to creating resident-centered, data-informed digital services that engage residents in keeping their communities safe and clean.

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle</td>
<td>Thong</td>
<td>Senior Executive Analyst</td>
<td>City Manager's Office</td>
</tr>
</tbody>
</table>

## 4. Verification

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

**Signature:** [Signature]

**Print Name:** [Print Name]

**Title:** [Title]  

**Date:** [Date]

**Comment:**

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