

Payment to Agency Report

A Public Document

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

San Jose City Stamp
Date Stamp
2018 MAY -4 AM 11:52
OTC
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

California Form 801
For Official Use Only

2. Donor Name and Address

Individual [] Other [x] John S. & John L. Knight Foundation
Last Name First Name Name
200 S. Biscayne Blvd. Miami FL 33131
Address City State Zip Code

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:
Name \$ Amount Name \$ Amount

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

3.1 (a) Travel Payment
Aarhus, Denmark Location of Travel
06/07/17 - 06/14/17 Dates (month, day, year)
Scandinavian Airlines (SAS) Transportation Provider
Rail [] Air [x] Bus [] Auto [] Other []
Wakeup Aarhus Name of Lodging Facility
\$ 406.01 \$ 29.79 \$ 2,382.87 \$ 802.21 \$ 3,620.88
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
0 \$ 3,620.88
Dates (month, day, year) Total Expenses

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 (See instructions)
Oborny Julie Librarian II Library-Web services
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature: [Signature] Print Name: DAVID SYKES Title: CITY MANAGER Date: 4/26/18

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

