

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
City Manager's Office of Economic Development
Street Address
200 E. Santa Clara Street
Area Code/Phone Number
(408) 535-8100
Email
webmaster.manager@sanjoseca.gov
Agency Contact (name and title)
Kim Walesh, Deputy City Manager/Office of Econ. Dev. Director
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Knight Foundation
Last Name First Name Name
200 S. Biscayne Blvd. Miami FL 33131
Address City State Zip Code

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
Copenhagen, Denmark
9/30/16 - 10/6/16
Location of Travel Dates (month, day, year)
British Airways Rail Air Bus Auto Other Alex Guldsmeden Hotel
Name of Lodging Facility
\$ 3,720.00 \$ 1,500.00 \$ 3,400.00 \$ 600.00 \$ 9,220.00
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Study tour of best practices in sustainable urban development to increase knowledge of how bike, pedestrian transit and park facilities are designed, built, financed and used to support the City goals of achieving a more sustainable, healthy and livable community.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Walesh Kim Deputy City Manager City Manager's Office
Last Name First Name Position/Title Department/Division
Ortbal Jim Director Transportation
Last Name First Name Position/Title Department/Division
CANO MATT Assistant Director PRNS

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Print Name Title
6/7/17 (month, day, year)

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