

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

408-808-2150

Email

jill.bourne@sjlibrary.org

Agency Contact (name and title)

Jill Bourne, Library Director

RECEIVED  
San Jose City Clerk  
Date Stamp  
MP  
2015 JUL 21 PM 3:50

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

Last Name

First Name

Other

John S. & John L. Knight Foundation

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

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

3.1 (a) Travel Payment

Miami, Florida

Location of Travel

11/3/14 to 11/6/14

Dates (month, day, year)

United Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

International Hotel

Name of Lodging Facility

\$ 0.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 560.20

Transportation Expenses

\$ 50.00

Other Expenses

\$ 610.20

Total Expenses

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

0

Dates (month, day, year)

\$ 610.20

Total Expenses

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

Round trip airfare reimbursement for travel from San José to the Knight Foundation's News Challenge Review for Libraries in Miami, FL. The purpose was to assist in selecting finalists for the Knight News Challenge & to give feedback re:the library community and their investment strategy.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Bourne

Last Name

Jill

First Name

Library Director

Position/Title

Library - Administration

Department/Division

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

Norberto Duenas

Print Name

City Manager

Title

7/15/15  
(month, day, year)

Comment:

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