

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp RECEIVED San Jose City Clerk 2016 OCT 18 PM 12:09 AT JTC	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Parks, Recreation & Neighborhood Services (PRNS)			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number (408) 535-8100	Email webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Angel Rios, PRNS Director			

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

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 Philadelphia, PA 8/10/16 - 8/12/16

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Kimpton Hotel Palomar
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>3,600.00</u>	\$ <u>312.00</u>	\$ <u>3,000.00</u>	\$ _____	\$ <u>6,912.00</u>
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.

Knight Foundation Philadelphia Park Study Trip focusing on policy, partnerships, design, activation and funding.

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

See attached list

_____	_____	_____	_____
Last Name	First Name	Position/Title	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 Dueñas City Manager 10/13/16
 Signature Print Name Title (month, day, year)

Comment:

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

Knight Foundation Philadelphia Park Study Tour
August 10 - 12, 2016
City of San José Attendees

Last Name	First Name	Title	Department
Cano	Matt	Assistant Director	Parks, Recreation & Neighborhood Services
Wolf	Suzanne	Deputy Director	Parks, Recreation & Neighborhood Services
Solis	Ed	Recreation Supervisor	Parks, Recreation & Neighborhood Services
Henninger	Ragan	Senior Policy Advisor	Mayor's Office