Payment to Agenc	y Report A P	ublic Document		PAYMENT TO AGENCY REPORT
1. Agency Name			ECEVED Stamp	California On4
City of San Jose		San Je	se City Clerk	Form OUI
Division, Department, o	r Region (if applicable)			For Official Use Only
City Manager's Office	of Economic Development	2016 OCT		
Street Address			of otc	
200 E. Santa Clara Str	reet			
Area Code/Phone Numb	per Email		Amendment (explai	in in comment section)
(408) 535-8100	webmaster.manager@s	anjoseca.gov	Amendment (explai	ir iir comment section)
Agency Contact (name and	d title)		Date of Original Filing	(month, day, year)
Kim Walesh, Deputy C	ity Manager			(monus, day, year)
2. Donor Name and Ad	ddress		. <u>,</u>	
		CI Othor	Knight Foundation	
☐ Individual Last Name	e First Name			Name
200 S. Biscayne Blvd.	Miar	mi	FL	33131
Address	City		State	Zip Code
The Knight Foundation	focuses & promotes projects t	that create improveme	ents in communities	
If "Other" is marked, describe the	entity's business activity (if business) or its	nature and interests.	,	
	ble, identify the name of each sou	rce and the amount(s) re	eceived by the donor for	r this payment:
			,	
Name	\$Amount		Name	Amount
2 Payment Informatio	n (Complete Sections 3.1	(2 or h) 32 33)	,	
Transportation Prov	ider □ Rail □ Ai	r □ Bus □ Auto Applicable Boxes	Other	Name of Lodging Facility
\$ Lodging Expenses	\$ \$ Tran	sportation Expenses \$	Other Expenses	\$Total Expenses
3.1 (b) Payment(s) no	t related to travel:	9/14/16 Dates (month, d	\$ 486.84	Total Expenses
3.2. Payment Descrip	tion. Provide a specific desc	•		·
Dinner with special	guest Joe Cortright hoste	ed by the Knight Fo	oundation	
71 Saint Peter Moder	rn European Kitchen, 71 N S	San Pedro St, San Jo	osé, CA 95110	
3.3. Identify the officia	als who used the payment in	Section 3.1 (See instruc	ctions)	
see attached list	· ·			
Last Name	First Name	Posit	ion/Title	Department/Division
				•
Last Name	First Name	Posi	tion/Title	Department/Division
. Verification				
I authorized the accepta	ince of the reported payment(s) as in compliance wit	h FPPC regulations.	/ /
11/1.14/11/	- Salasha C	Juenas Cit	Manager	10/7/16
Signature	Print Nam		Title	(month, day, year)
			· ¥	,
Comment:				
(Use this space or an attachm	ent for any additional information)			EDDC Form 901 (lon/14)

Dinner with Joe Cortright Hosted by the Knight Foundation September 14, 2016 City of San José Attendees

Last Name	First Name	Title	Department
Walesh	Kim	Deputy City Manager	City Manager's Office
Angelo	Joe	Director	Human Resources
Schembri	Jennifer	Director	Employee Relations
Klein	Nanci	Assistant Director	Economic Development
Harkness	Kip	Deputy City Manager	City Manager's Office
Thong	Michelle	Business Development Officer	Economic Development