

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		City of San Jose Office of the City Clerk Date Stamp JAN 22 2020 <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara St			
Area Code/Phone Number (408)535-4800	Email mayoremail@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Shireen Santosham, Sr. Policy Advisor		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Aspen Institute

_____ Last Name _____ First Name _____ Name _____

2300 N St. NW #700 _____ DC 20037

Address _____ City _____ State _____ Zip Code _____

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 _____ \$ _____

Name Amount Name Amount

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

3.1 (a) Travel Payment Washington, DC 4/8/19-4/13/19

_____ Location of Travel _____ Dates (month, day, year) _____

Delta _____ Rail Air Bus Auto Other Marriott

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ 824.61 \$ 71.24 \$ 715.59 \$ _____ \$ 1,611.44

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.

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

Santosham	Shireen	Sr. Policy Advisor	Mayor's Office
_____ 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 _____ Toni Taber _____ City Clerk _____ 2/24/20 _____

Signature Print Name Title (month, day, year)

Comment:

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