

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Form 801 For Official Use Only

RECEIVED
SAN JOSE CITY CLERK
Date Stamp
2024 JUL 11 AM 10:45

City of San Jose

Division, Department, or Region (if applicable)

Mayor's Office

Street Address

200 E. Santa Clara Street, 18th Floor

Area Code/Phone Number

(408) 535-1260

Email

city.clerk@sanjoseca.gov

Agency Contact (name and title)

Toni Taber, City Clerk

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Other

Bloomberg Philanthropies

Last Name First Name Name
25 E 78th St New York NY 10075
Address City State Zip Code

Philanthropic Foundation

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

Baltimore, Maryland

06/26/24 - 6/27/24

Location of Travel

Dates (month, day, year)

United Airlines

Rail

Air

Bus

Auto

Other

Four Seasons Baltimore

Transportation Provider

Check Applicable Boxes

Name of Lodging Facility

\$ 378.35

\$ 388.23

\$ 1,254.44

\$ 5,023.69

\$ 7,044.71

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.

All expenses were paid for by Bloomberg Philanthropies.

Other expenses include registration (\$5,000) and participant materials (\$23.69).

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

Mahan

Matt

Mayor

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 Print Name Title (month, day, year)

Comment:

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