

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp	California Form 801 For Official Use Only RECEIVED SAN JOSE CITY CLERK 2025 JUL 30 PM 12:24 <i>AD</i> <i>OTC</i>
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Toni Taber, City Clerk			

2. Donor Name and Address

Individual _____ Other Aspen Institute

Last Name	First Name	Name
2300 N St NW, Suite 700	Washington	DC 20037
Address	City	State Zip Code

501(c)(3) nonprofit organization

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

Denver, CO Location of Travel 05/03/2025 Dates (month, day, year)

Southwest Airlines Transportation Provider Rail Air Bus Auto Other N/A

Check Applicable Boxes

\$ 0.00	\$ 303.61	\$ 598.95	\$ 21.52	\$ 924.08
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.

Mayor Mahan attended the Mayoral Roundtable in Denver, CO. All expenses were paid for by the Aspen Institute.

"Other expenses" noted above is the total for materials - pens, writing pads, markers, sticky notes - for the roundtable.

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.

	Joy Rodriguez	Asst. City Clerk	07/30/2025
Signature	Print Name	Title	(month, day, year)

Comment:

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

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