

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 2025 AUG 05 PM03:01 AH OTC | California Form 801 For Official Use Only |
| 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 | | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Bloomberg Harvard City Leadership Initiative

Last Name _____ First Name _____ Name _____

79 John F. Kennedy Street Cambridge MA 02138

Address _____ City _____ State _____ Zip Code _____

Bloomberg Philanthropies, a 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 New York, NY 07/13/25 - 07/16/25

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

Delta Airlines Rail Air Bus Auto Other Loews Regency Hotel

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

\$ 1,895.00 \$ 1,545.00 \$ 736.81 \$ 0.00 \$ 4,176.81

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. Ninth annual cohort of the Bloomberg Harvard City Leadership Initiative, joining city leaders from accross the U.S. and around the world. All expenses paid by the Bloomberg Harvard City Leadership Initiative.

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

| | | | |
|--------------|-------------|----------------|-----------------------|
| <u>Mahan</u> | <u>Matt</u> | <u>Mayor</u> | <u>Mayor's Office</u> |
| _____ | _____ | _____ | _____ |
| 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] Joy Rodriguez Asst. City Clerk 08/05/2025

Signature Print Name Title (month, day, year)

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

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