

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp RECEIVED DEC 18 2017 City of San Jose Office of the City Clerk	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara St, San Jose, 95113		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-4900	Email shireen.santosham@sanjoseca.gov		
Agency Contact (name and title)			

2. Donor Name and Address

Individual _____ Other Bloomberg Foundation

Last Name First Name Name

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 Amount Name Amount

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

3.1 (a) Travel Payment New York City 3/27/17-3/29/17

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Conrad Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 630.00 \$ 50.00 \$ 306.60 \$ _____ \$ 986.60

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 4/13/18

Signature Print Name Title (month, day, year)

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

