

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Mayor's Office		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) City of San Jose			
Street Address 200 E. Santa Clara St.		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>10/20/17</u> (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 e.Republic _____

Last Name: _____ First Name: _____ Name: _____
 100 Blue Ravine Rd Folsome CA 33131
 Address City State Zip Code

Media, research, and education 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 4/20/2017
 Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Knickerbocker Hotel
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>268.00</u>	\$ <u>59.00</u>	\$ <u>277.96</u>	\$ _____	\$ <u>604.96</u>
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)

<u>Santosham</u>	<u>Shireen</u>	<u>Sr. Policy Advisor</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.

Christina Patrenee Christina Patrenee Asst City Clerk 3/21/18
 Signature Print Name Title (month, day, year)

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

