

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Mayor's Office

Division, Department, or Region (if applicable)

City of San Jose

Street Address

200 E. Santa Clara St.

Area Code/Phone Number

408-535-4900

Email

shireen.santosham@sanjoseca.gov

Agency Contact (name and title)

RECEIVED
San Jose City Clerk
Date Stamp

2017 OCT 20 PM 4:34

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 10/20/17
(month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Knight Foundation

Name

200 S Biscayne Blvd

Miami

FL

33131

Address

City

State

Zip Code

Foundation/Philanthropic 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

Location of Travel

4/20/2017

Dates (month, day, year)

Alaska Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Knickerbocker Hotel

Name of Lodging Facility

\$ 1,054.00

Lodging Expenses

\$ 73.00

Meal Expenses

\$ 501.40

Transportation Expenses

\$

Other Expenses

\$ 1,628.40

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

Last Name

Shireen

First Name

Sr. Policy Advisor

Position/Title

Mayor's Office

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)