

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		RECEIVED Date Stamp San Jose City Clerk OTC LA 2019 MAR 11 PM 4:51	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 East Santa Clara St			
Area Code/Phone Number (408)535-4000	Email mayoremail@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Shireen Santosham, Senior Policy Advisor			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Bloomberg Philanthropies

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
 25 East 78th St New York NY 10075  
 Address City State Zip Code

Philanthropic foundation

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 Name Amount

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

**3.1 (a) Travel Payment** New York 3/27/2017

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year)

United \_\_\_\_\_  Rail  Air  Bus  Auto  Other Conrad Hotel  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 307.00 \$ 630.00 \$ 927.00  
 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.

Sponsored travel to attend the What Works Cities Summit held by Bloomberg Philanthropies

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

<u>Santosham</u>	<u>Shireen</u>	<u>Senior 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.

TOMI TABER City Clerk 1/24/20  
 Signature Print Name Title (month, day, year)

Comment:

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