

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		City of San Jose Office of the City Clerk Date Stamp JAN 22 2020 <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	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, CA, 95112		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-4800	Email mayoremail@sanjoseca.gov		
Agency Contact (name and title) Shireen Santosham, Sr. Policy Advisor			

2. Donor Name and Address

Individual _____ Other Knight Foundation

Last Name: 200 S. Biscayne Blvd, #3300
 First Name: Miami
 State: FL
 Zip Code: 33131

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

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

3.1 (a) Travel Payment

Detroit Location of Travel
6/14/18 Dates (month, day, year)

Delta & United Transportation Provider
 Rail Air Bus Auto Other
 Crowne Plaza Name of Lodging Facility

\$ 250.00 Lodging Expenses
 \$ 200.00 Meal Expenses
 \$ 590.60 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.

Hotel paid by Knight Foundation directly
Food paid by Knight Foundation directly
Airfare reimbursed by Knight Foundation

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 Print Name
 _____ City Clerk Title
 1/24/20 (month, day, year)

Comment:

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