

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			
Area Code/Phone Number (408)535-4800	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, Sr. Policy Advisor			

2. Donor Name and Address

Individual _____ Other Bloomberg Philanthropies

Last Name: _____ First Name: _____ Name: _____
 25 E. 78th St _____ New York _____ NY _____
 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 Detroit, MI 10/27/18-10/31/18

Location of Travel Dates (month, day, year)

Delta Rail Air Bus Auto Other Marriott
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 660.00 \$ 300.00 \$ 698.61 \$ _____ \$ 1,659.00
 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.

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.

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

Comment:

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