

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> 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	<b>California Form 801</b> 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)	
Agency Contact (name and title) Shireen Santosham, Sr. Policy Advisor		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Knight Foundation

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

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

3.1 (a) Travel Payment Los Angeles, CA 11/13/19-11/14/19  
Location of Travel Dates (month, day, year)

Southwest  Rail  Air  Bus  Auto  Other Freehand  
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 450.00 \$ 200.00 \$ 311.96 \$ \_\_\_\_\_ \$ 962.00  
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

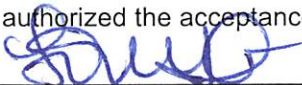
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.  
Hotel and meals provided by Aspen Institute.

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.

 \_\_\_\_\_ TONI TABATA \_\_\_\_\_ City Clerk \_\_\_\_\_ 1/24/20 \_\_\_\_\_  
Signature Print Name Title (month, day, year)

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