Payment to Agency Report

1. Agency Name
   City of San Jose
   Mayor's Office
   Street Address
   200 E. Santa Clara Street
   Area Code/Phone Number
   408-535-1260
   Email
   city.clerk@sanjoseca.gov

2. Donor Name and Address
   □ Individual
   □ Other
   Bloomberg Philanthropies
   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:

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

   3.1 (a) Travel Payment
   Location of Travel
   Paris, France
   Dates (month, day, year)
   10/20/17 to 10/24/17
   Transportation Provider
   SWISS and United
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other
   Check Applicable Boxes
   Name of Lodging Facility
   InterContinental Paris-LeGrand
   $1,247.24
   $4,025.66
   $4,572.90
   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)
   Last Name
   First Name
   Mayor
   City of San Jose
   Department/Division

   4. Verification
   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   Signature
   Print Name
   Title
   Date
   (month, day, year)

   Comment
   Reported on 2017 Form 801 (Amended)
Payment to Agency Report

1. Agency Name
City of San Jose
Division, Department, or Region (If applicable)
Mayor's Office
Street Address
200 E. Santa Clara Street
Area Code/Phone Number Email
408-535-1260 city.clerk@sanjoseca.gov
Agency Contact (name and title)
Toni Taber, City Clerk

2. Donor Name and Address
☐ Individual ____________ ☐ Other ________________

Name

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomberg</td>
<td></td>
</tr>
</tbody>
</table>

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

3.1 (a) Travel Payment
Location of Travel
SWISS and United
Transportation Provider

$1,247.24 Lodging Expenses
$4,025.66 Transportation Expenses
$5,272.90 Total Expenses

$4,025.66 Meal Expenses $ ander Expenses

3.1 (b) Payment(s) not related to travel: ______________ $___________________

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)

Liccardo, Sam

Last Name First Name

Mayor City of San Jose

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

Print Name

Title

(month, day, year)

(Use this space or attachment for any additional information)