## Payment to Agency Report

### 1. Agency Name
City of San Jose

Division, Department, or Region (if applicable)
San Jose Mayor’s Office

Street Address
200 E. Santa Clara St

Area Code/Phone Number
408-354-4900

Agency Contact (name and title)
Shireen Santosham, CMC

### 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Type</th>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>100 Blue Ravine Road</td>
<td>Folsom</td>
<td>CA 95630</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e.Republic is a media and research company focused exclusively on state and local government and education.

If “Other” is marked, describe the entity’s business activity (if business) or its nature and interests.

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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>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

#### 3.1 (a) Travel Payment

- Location of Travel: Phoenix, AZ
- Dates (month, day, year): 05/23/17
- Transportation Provider: Southwest
- Check Applicable Boxes: Rail, Air, Bus, Auto, Other
- Lodging Expenses: $268.00
- Meal Expenses: $277.96
- Transportation Expenses: $59.00
- Other Expenses: $604.96

#### 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.

Attended the Summit on Government Performance and Innovation 2017. We were one of the cities nominated for the award so were able to receive sponsored travel.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santosham</td>
<td>Shireen</td>
<td>Sr. Advisor</td>
<td>Mayor’s Office</td>
</tr>
</tbody>
</table>

#### 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: Shireen Santosham
Print Name: Tony Taber
City Clerk: 4/13/18

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