1. Agency Name
   City of San Jose

   Division, Department, or Region (if applicable)
   Mayor's Office

   Street Address
   200 East Santa Clara St

   Area Code/Phone Number
   (408)535-4000

   Email
   mayoremail@sanjoseca.gov

   Agency Contact (name and title)
   Shireen Santosham, Senior Policy Advisor

2. Donor Name and Address
   [Table with fields for donor name, address, phone, email]
   Bloomberg Philanthropies

   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>
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</table>

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

   3.1 (a) Travel Payment
   Location of Travel
   New York

   Transportation Provider
   United

   Check Applicable Boxes
   Rail [ ] Air [ ] Bus [ ] Auto [ ] Other [ ]

   Dates (month, day, year)
   3/27/2017

   Name of Lodging Facility
   Conrad Hotel

   Lodging Expenses
   $307.00

   Meal Expenses
   $630.00

   Transportation Expenses
   $927.00

   Other Expenses
   $307.00

   Total Expenses
   $927.00

   3.1 (b) Payment(s) not related to travel:
   Dates (month, day, year)

   3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
   Sponsored travel to attend the What Works Cities Summit held by Bloomberg Philanthropies

   3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
   Santosham [ ] Shireen [ ]

   Senior Advisor
   Position/Title
   Mayor's Office
   Department/Division

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

   [Signature]
   [Print Name]
   [Title]

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