Payment to Agency Report

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

2. Donor Name and Address

□ Individual  □ Other

Last Name
First Name
1775 Massachusetts Ave NW
Washington, DC 20036
Address
City
State
Zip Code
Think tank
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

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

3.1 (a) Travel Payment
Location of Travel
Washington DC

United/Southwest
Transportation Provider
☐ Rail  ☐ Air  ☐ Bus  ☐ Auto  ☐ Other

$279
Lodging Expenses
$781
Transportation Expenses
$1000.00
Total Expenses
$781
Meal Expenses
$0.00
Other Expenses
$0.00
Total 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.
Invited to speak at a Brookings Institute Event on Women in Technology

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

Senior Advisor
Shireen Santosham
Mayor's Office

4. Verification

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

Signature
Print Name
City Clerk

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