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 St

   Area Code/Phone Number
   (408)535-4800

   Email
   mayoremail@sanjoseca.gov

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

2. Donor Name and Address
   - Individual
     Name
     Bloomberg Philanthropies
     25 E. 78th St
     New York, NY 10075

   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
   Location of Travel: Washington, DC
   Dates (month, day, year): 10/24/19-10/29/19

   Transportation Provider
   United
   $480.00 Lodging Expenses
   $300.00 Meal Expenses
   $774.50 Transportation Expenses
   $1,554.50 Total Expenses

   Name of Lodging Facility
   Intercontinental

   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

4. Verification

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

   Signature: ____________________ Print Name: ____________________ Title: ____________________

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