A Public Document

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 408-535-1260
Email city.clerk@sanjoseca.gov
Agency Contact (name and title) Toni Taber, City Clerk

2. Donor Name and Address

☐ Individual  ☐ Other

Name
Aspen Institute

2300 N St. NW, Suite 700
Washington, DC 20037

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
Washington

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

3.1 (a) Travel Payment
United Airlines
Transportation Provider

Name of Lodging Facility
InterContinental at The Wharf

Location of Travel
Washington, DC

Dates (month, day, year)
10/26/19 to 10/29/19

Transportation Provider
☐ Rail  ☐ Air  ☐ Bus  ☐ Auto  ☐ Other
Check Applicable Boxes

Total Expenses
$2,244.51

Lodging Expenses $927.00
Meal Expenses $192.49
Transportation Expenses $1,095.02
Other Expenses $30.00

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.

The Aspen Institute paid for travel, lodging, meals, and baggage fee for CityLab.

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

Liccardo Sam
Last Name First Name
Mayor
Position/Title
City of San Jose
Department/Division

4. Verification

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

Signature
Print Name
Title
City of San Jose
Department/Division

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov