### 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

<table>
<thead>
<tr>
<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>Bloomberg</td>
<td>Philanthropies</td>
<td>25 E. 78th St</td>
<td>New York</td>
<td>NY</td>
<td></td>
</tr>
</tbody>
</table>

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>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**3.1 (a) Travel Payment**

- **Location of Travel**
- **Dates (month, day, year)**

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
<th>Name of Lodging Facility</th>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marriott</td>
<td>10/27/18-10/31/18</td>
<td>$1,659.00</td>
</tr>
</tbody>
</table>

**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.

**3.3. Identify the officials who used the payment in Section 3.1**

<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. Policy 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: [Signature]

Print Name: [Print Name]

Title: [Title]

Date: [Date]

Comment:

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