# 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>Individual</th>
<th>Knight Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td>Miami</td>
</tr>
<tr>
<td>Address</td>
<td>FL</td>
</tr>
<tr>
<td>City</td>
<td>33131</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</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
Los Angeles, CA

#### Dates (month, day, year)
11/13/19-11/14/19

#### Transportation Provider
Freehand

#### Transportation Expenses
- $450.00 Lodging Expenses
- $200.00 Meal Expenses
- $311.96 Transportation Expenses
- $962.00 Total Expenses

### 3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>$</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.2. Payment Description
Hotel and meals provided by Aspen Institute.

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

<table>
<thead>
<tr>
<th>Sr. Policy Advisor</th>
<th>Mayor's Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification

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

**Signature**

**Print Name**

**Title**

**Date (month, day, year)**

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