

Payment to Agency Report

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 East Santa Clara St
 Area Code/Phone Number (408)535-4000 | Email mayoremail@sanjoseca.gov
 Agency Contact (name and title)
 Shireen Santosham, Senior Policy Advisor

Date Stamp: RECEIVED San Jose CA OTC 2019 MAR 11 PM 4:51
California Form 801
 For Official Use Only

Amendment (explain in comment section)
 Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

Individual _____ Other Brookings Institute
 Last Name First Name 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.

→ 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 Washington DC 4/9/19 6/26/18 SS
 Location of Travel Dates (month, day, year)

United/Southwest Rail Air Bus Auto Other Topaz Hotel
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 279 \$ _____ \$ 781 \$ _____ \$ 1000.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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.

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)

Santosham Shireen Senior Advisor Mayor's Office
 Last Name First Name Position/Title Department/Division

_____ _____ _____ _____
 Last Name First Name Position/Title Department/Division

4. Verification

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

[Signature] TONI TABER city clerk 1/24/20
 Signature Print Name Title (month, day, year)

Comment:

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