

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp Office of the City Clerk JAN 22 2020 <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara St		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
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 _____ Other Knight Foundation

Last Name: _____ First Name: _____ State: FL Zip Code: 33131
 Address: 200 S Biscayne Blvd #3300 City: Miami

Philanthropic Foundation

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 Philadelphia, PA & Boston, MA 6/20/19 - 6/28/19

Location of Travel: _____ Dates (month, day, year): _____

American Airlines & JetBlue Rail Air Bus Auto Other Loews Hotel & HBS Campus

Transportation Provider: _____ Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ ~~800.00~~ 277 \$ 500.00 \$ ~~422.00~~ 858 \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses

\$ 1,635 \$ ~~1,722.00~~ ~~2,768~~
 Total 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.

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

<u>Santosham</u>	<u>Shireen</u>	<u>Sr. Policy Advisor</u>	<u>Mayor's Office</u>
_____	_____	_____	_____
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)

