

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp City of San Jose 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			
Area Code/Phone Number (408)535-4800	Email mayoremail@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Shireen Santosham, Sr. Policy Advisor		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Aspen Institute

_____ Last Name _____ First Name _____ Name _____

1000 N. 3rd St _____ CO 81611

Address _____ City _____ State _____ Zip Code _____

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 Aspen, CO 8/11/19-8/14/19

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

~~Delta~~ United Rail Air Bus Auto Other Aspen Meadows Resort

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility

\$ 950.00 \$ 300.00 \$ _____ \$ _____ \$ 1,250.00

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. Hotel and meals provided by Aspen Institute.

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

Santosham Shireen Sr. Policy 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)