# Payment to Agency Report     A Public Document

## 1. Agency Name

City of San Jose

| Date Stamp | California Form **801** |
|---|---|
| **City of San Jose** **Office of the City Clerk** | For Official Use Only |

**FEB 2 6 2020**

☐ ACCEPTED
☐ REJECTED

**Division, Department, or Region** (if applicable)

Mayor's Office

**Street Address**

200 E. Santa Clara Street

☐ Amendment (explain in comment section)

| **Area Code/Phone Number** | **Email** |
|---|---|
| 408-535-1260 | city.clerk@sanjoseca.gov |

Date of Original Filing: _____
(month, day, year)

**Agency Contact** (name and title)

Toni Taber, City Clerk

## 2. Donor Name and Address

☐ Individual _____
    Last Name       First Name

☑ Other   Aspen Institute-Rodel
            Name

2300 N. Street, NW, Suite 700    Washington    D.C.    20037

Address        City        State    Zip Code

International nonprofit think tank founded in 1949

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, D.C.      10/9/19 to 10/12/19
                    Location of Travel           Dates (month, day, year)

_____ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other   Georgetown Fairmont Hotel
Transportation Provider    Check Applicable Boxes      Name of Lodging Facility

$ 477.00    $ 651.67    $_____    $_____    $ 1,218.67
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.**
Aspen-Institute paid for lodging and meal expenses for the All Class and Local Officials Meeting.

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

| Liccardo | Sam | Mayor | City of San Jose |
|---|---|---|---|
| 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.

_____   SAM LICCARDO   MAYOR   2/25/20
Signature      Print Name      Title      (month, day, year)

Comment:   TONI TABER   City Clerk   2/27/20
(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page