

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 FEB 26 2020	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara Street		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Area Code/Phone Number 408-535-1260	Email city.clerk@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Toni Taber, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Aspen Institute-Rodel

Last Name _____ First Name _____ 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

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) _____

Transportation Provider _____ Rail Air Bus Auto Other Georgetown Fairmont Hotel
 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)

<u>Liccardo</u>	<u>Sam</u>	<u>Mayor</u>	<u>City of San Jose</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] Sam Liccardo Mayor 2/25/20
 Signature Print Name Title (month, day, year)

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

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