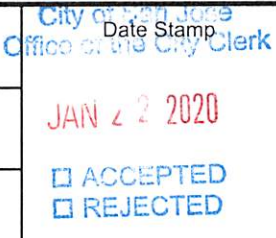


Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		 <p>City of San Jose Office of the City Clerk Date Stamp JAN 22 2020 <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED</p>	<b>California Form 801</b> 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Shireen Santosham, Sr. Policy Advisor			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Bloomberg Philanthropies

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 25 E. 78th St New York NY 10075  
 Address City State Zip Code

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** Washington, DC 10/24/19-10/29/19

Location of Travel Dates (month, day, year)

United  Rail  Air  Bus  Auto  Other Intercontinental  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 480.00 \$ 300.00 \$ 774.50 \$ \_\_\_\_\_ \$ 1,554.50  
 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

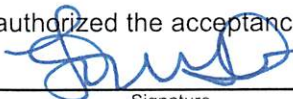
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Hotel and meals provided by Aspen Institute.

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

<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.


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)