

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk Date Stamp 2014 OCT 22 AM 10:16 AT OTC	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 200 E. Santa Clara Street, San Jose, CA 9513			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Ed Shikada, City Manager			

2. Donor Name and Address

Individual _____ Other Broadway San Jose

Last Name: _____ First Name: _____ Name: _____
 Address: 255 Almaden Blvd. City: San Jose State: CA Zip Code: 95113

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) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 9/17/14 \$ 1,068
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) **Location of Travel** _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:


Identify the officials for whom the payment was used:

See attached Form 802

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Ed Shikada City Manager 10/15/14
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name City of San Jose		Date Stamp 2014 OCT 22 AM 10:16 AT OTC	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Office		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Ed Shikada, City Manager			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 89.00

Event Description Brooks Atkinson Theatre - Love Letters Date(s) 9 / 17 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City of San Jose City Manager's Office	12	Attended the Broadway show Love Letters at the Brooks Atkinson Theatre during SJSV Chamber of Commerce Study Mission Trip
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
See attached list of attendees		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attended the Broadway show Love Letters at the Brooks Atkinson Theatre - SJSV Chamber of Commerce Study Mission Trip
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Ed Shikada City Manager 10/15/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Broadway Show Love Letters at the Brooks Atkinson Theatre during the
SJSV Chamber of Commerce Mission Study Trip**

City of San Jose Attendees – September 17, 2014

<u>Last Name</u>	<u>First Name</u>
Constant	Pete
Ferguson	Jerad
Willey	Ken
Shikada	Ed
Freitas	Harry
Sykes	Dave
Morales-Ferrand	Jacky
Aguirre	Kim
Jacobson	Curtis
Klein	Nanci
Burton	Chris
Sedwick	Kathryn