

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of San Jose

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

Agency Contact (name and title)  
Ed Shikada, City Manager

RECEIVED  
San Jose City Clerk  
Date Stamp  
2014 OCT 22 AM 10:17  
OTC

California Form 801  
For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

2. Donor Name and Address

Individual \_\_\_\_\_  Other Oakland A's

Last Name First Name Name

7000 Coliseum Way Oakland CA 94621

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) solicited or received by the donor for this gift:

\_\_\_\_\_ \$ \_\_\_\_\_ Name Amount

\_\_\_\_\_ \$ \_\_\_\_\_ Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 9/18/14 \$ 600.00

(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

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
City of San Jose		2014 OCT 22 AM 10:17 BT JTC	For Official Use Only
<b>Division, Department, or Region</b> (If Applicable)			
City Manager's Office		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Designated Agency Contact</b> (Name, Title)			
Ed Shikada, City Manager			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(408) 535-8100	webmaster.manager@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 50.00

Event Description NY Yankees vs. Toronto Blue Jays      Date(s) 9 / 18 / 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 New York Yankees vs. Toronto Blue Jays baseball game during SJSV Chamber of Commerce Study Mission Trip
B. Name of Individual <small>(Last, First)</small>	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 New York Yankees vs. Toronto Blue Jays baseball game during the 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 <small>(include address and description)</small>	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.

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

**New York Yankees vs. Toronto Blue Jays Baseball Game during the SJSV  
Chamber of Commerce Mission Study Trip**

**City of San Jose Attendees – September 18, 2014**

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