

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name City of San Jose		San Jose City Clerk Date Stamp 2014 DEC 23 PM 1:11	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 95113			
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 San Jose State University

_____ Last Name _____ First Name _____ Name _____

One Washington Square San Jose CA 95192

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) 11/1/14 \$ \$1,900

(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.

	<u>ED SHIKADA</u>	<u>CITY MANAGER</u>	<u>12/3/14</u>
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

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1. Agency Name City of San Jose		Date Stamp 2014 DEC 23 PM 1:11	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.)	
Designated Agency Contact (Name, Title) Ed Shikada, City Manager			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 20.00

Event Description SJSU/Colorado State Football Game Date(s) 11 / 1 / 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	95	City Employee Appreciation Day
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
See attached list of employees		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> City Employee Appreciation Day
		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
N/A		

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	12/2/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

CSJ Employee Appreciation Event – 11/01/2014
Football Game Spartan vs. Colorado State

Last Name	First Name	Qty of Ticket
Barefoot	Ruth	2
Brooks	Ed	2
Brown	Michael	2
Burke	Laura	2
Cavinta	Joel	2
Chavez	John	2
Chen	Genhan	2
Curiel	Teresa	2
Dines	Michael	2
Duba	Ronald	2
Farrant	Tim	2
Ferguson	Fawna	2
Floyd	David	2
Gomez	Becki	2
Gomez, Jr	Isidro	2
Hernandez	Claudia	2
Ho	Joe	2
Howard	Barbara	1
Lin	Walter	2
Majmudar	Ranak	2
Mancera	Regina	2
McDermott	Patty	2
Meek	Greg	2
Mullen	Margaret	2
Murphy	Paul	2
Nguyen	Minh	2
Nyambok	Shadrack	2
Olmos	Alberto	2
Parkman	Brian	2
Peterson	Jim	2
Raman	Sowmya	2
Rapaut	Michael	2
Riddle	Courtney	2
Romanazzi	Lauren	2
Ross	Danielle	2
Sabatelli	Gordana	2
Sanchez	Beatriz	2
Shuck	Michael	2
Supan	William	2
Sutherland	Duncan	2
Tu	Tong (John)	2
Turner	Seth	2
Veras	Lenis	2
Wilson	Eunice	2
Wong	HingLam	2
Wright	Kenney	2
Yanson	Edwardo	2
Zacarias	Jose	2