

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

| | | | |
|--|---|---|---|
| 1. Agency Name | | RECEIVED Date Stamp San Jose City Clerk 2015 JUL 16 AM 10:40 | California Form 801 For Official Use Only |
| City of San Jose | | | |
| 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) 535-8177 | 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) Kim Welsh, Deputy City Manager/Director of Economic Development | | | |

2. Donor Name and Address

Individual _____ Other City Innovate Foundation

Last Name: _____ First Name: _____ Name: _____
 Address: 1540 Market Street City: San Francisco State: CA Zip Code: 94102

Focus on creating new wave of economic development opportunities for cities and creating jobs for their citizens.

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) _____ \$ 7,770
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Francisco, CA

| | | | | | |
|--------------------------|-------------------------|------------------|---------------|-----------------|-----------------|
| <u>6/17/15 - 6/18/15</u> | \$ _____ | \$ _____ | \$ _____ | \$ <u>7,770</u> | \$ <u>7,770</u> |
| 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:

6 conference tickets valued at \$1,295 each to attend City Innovate Summit in San Francisco on June 17 and June 18, 2015.

Identify the officials for whom the payment was used:

See attached list

| | | | |
|-----------|------------|-------|---------------------|
| _____ | _____ | _____ | _____ |
| 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.

Signature of Agency Head or Designee

VERÓNICA DUEÑAS
 Print Name

CITY Manager
 Title

7/15/15
 (month, day/year)

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

City Innovate Summit, San Francisco, CA

June 17 - June 18, 2015

City of San Jose attendees:

| Last Name | First Name | Title | Department |
|------------------|-------------------|--------------------|-------------------|
| Diaz-Fong | Lidia | Policy Intern | Mayor's Office |
| Holguin | Ingrid | Policy Advisor | " |
| Russo | Khanh | Sr. Policy Advisor | " |
| Simon | Dylan | Policy Advisor | " |
| Starbird | Weston | Policy Advisor | " |
| Mills | Chris | IT Manager | Transportation |