

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 95113
 Area Code/Phone Number (408) 535-8100
 E-mail webmaster.manager@sanjoseca.gov
 Agency Contact (name and title)
 Kim Welsh, Deputy City Manager

Date Stamp
 2015 NOV -6 AM 10:58
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

California Form 801
 For Official Use Only

2. Donor Name and Address

Individual _____ Other _____ Code for America _____
 Last Name First Name Name
 155 9th Street San Francisco CA 94103
 Address City State Zip Code

Dedicated to making government services simple, effective and easy to use.
 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) 9/29/15 \$ 1,485.00
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Oakland, California

9/29/15 - 10/2/15	\$ _____	\$ _____	\$ _____	\$ 1,485	\$ 1,485
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:

The Code for America Summit is a civic tech conference that brings together innovators from hundreds of governments across the U.S. along with civic-minded technologists, designers, community organizers and entrepreneurs.

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 Print Name Title (month, day, year)
 WOLSH KIM DUEÑAS CITY Manager 11/4/15

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

Code for America Summit
Oakland, California
September 29 – October 2, 2015
City of San Jose Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>	<u>Department</u>
LeBlanc	Jazmin	Senior Performance Auditor	City Auditor's Office
Chacko	Abraham	Program Manager	PRNS
Brown	Mike	Sr. Geographic Systems Specialist	Public Works