

Gift to Agency Report

A Public Document

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GIFT TO AGENCY REPORT

1. Agency Name

City of San Jose
 Division, Department, or Region (if applicable) 2015
 City Manager's Office
 Street Address
 200 E. Santa Clara Street
 Area Code/Phone Number (408) 535-8100
 E-mail webmaster.manager@sanjoseca.gov
 Agency Contact (name and title)
 Julie Edmonds-Mares, Deputy City Manager

Date Stamp
 2015 DEC 10 PM 3:57
 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 Welcoming America
 Last Name First Name Name
 315 West Ponce de Leon Ave., Suite 5 Decatur GA 30030
 Address City State Zip Code
 Welcoming America inspires people to build a different kind of community - embraces immigrants & fosters opportunity
 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

3. Payment Information

Date and Amount of Payment (other than travel) 10/5/15 \$ 400
 (month, day, year) (Round to whole dollars)
 Travel Payment Information (Round to whole dollars) Location of Travel Washington, DC
 10/5/15 - 10/7/15 \$ 400 \$ _____ \$ _____ \$ _____ \$ 400
 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:
 Members of Welcoming America to attend and participate in the Welcoming America Summit in Washington, DC.

Identify the officials for whom the payment was used:
 Maciel Zulma Assistant to the City Mgr. City Manager's Office
 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.
 _____ NORBENTO DUEÑAS CITY Manager 12/4/15
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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