

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
 Area Code/Phone Number | E-mail
 (408) 535-8100 | webmaster.manager@sanjoseca.gov
 Agency Contact (name and title)
 Norberto Duenas, City Manager

RECEIVED
 San Jose City Cl
 Date Stamp
 2015 DEC 10 PM 3:57
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 Lincoln Institute of Land Policy
 Last Name First Name Name
 113 Brattle Street Cambridge MA 02138-3400
 Address City State Zip Code

Lincoln Institute of Land Policy explores issues related to land from affordable housing, smart growth & climate change.
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) 10/13/15 \$ 1,964
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Cambridge, MA
10/10/15 - 10/13/15 \$ 604 \$ 900 \$ 460 \$ _____ \$ 1,964
 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:

PBCE Director invited to attend and participate in the Big Cities Planning Directors Institute

Identify the officials for whom the payment was used:

Freitas Harry Director Planning, Building & Code
 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.

Norberto Duenas NORBERTO DUENAS CITY MANAGER 12/10/15
 Signature of Agency Head or Designee Print Name Title (month, day/year)

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