

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 Council

Street Address

200 E. Santa Clara St, San Jose, CA 95131

Area Code/Phone Number

E-mail

408 535 4005 magdalena.carrasco

Agency Contact (name and title)

Toni Taber, Clerk

RECEIVED
San Jose City Clk
Date Stamp
OTCR
2017 NOV 16 PM 1:16

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 League of CA Cities

1400 W. Street, Suite 1100, San Francisco, CA 94114

Advocacy for cities on state legislation

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

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

6/30/17 7/1/17 \$ 207.00 \$ 42.54 \$ 249.62
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:

Carrasco Magdalena Vice Mayor City Council

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 TONI TABER City Clerk 4/5/17
(month, day, year)

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