Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

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San Jose City Clerk
2010 OCT -5 A 11:57

Date Stamp

1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region *(if applicable)*

CITY MANAGER'S OFFICE

Street Address

200 E. SANTA CLARA ST

Area Code/Phone Number: 408-535-8190

E-mail: ED.SHIKADA@SANJOSECA.GOV

Agency Contact *(name and title)*

ED. SHIKADA, ASSISTANT CITY MANAGER

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: _____ *(month, day, year)*

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☒ Other GOVERNING MAGAZINE (Name)

100 BLUE RAVINE RD (Address) FOLSOM (City) CA (State) 95630 (Zip Code)

PUBLIC MANAGEMENT PERIODICAL

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

Travel Payment Information *(Round to whole dollars)* **Location of Travel** WASHINGTON DC

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
9/13-15/10	$ NA	$ NA	$	$	$

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:

Last Name	First Name	Title	Department/Division
SHIKADA	EDWARD	ASSISTANT CITY MANAGER	CMO

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)*
	Debra Figone	City manager	8/24/10

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