

**Gift to Agency Report**

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SAN JOSE City

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		Date Stamp 2010 NOV 17 A 10:14	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (If applicable) City Managers Office			
Street Address 200 East Santa Clara Street, San Jose, CA 95113			
Area Code/Phone Number (408) 535-8280	E-mail Deanna.Santana@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deanna Santana - Deputy City Manager		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Wells Fargo Bank

_____	_____	_____	_____
Last Name	First Name	Name	Name
550 California Street, 10th Floor	San Francisco	CA	94104
Address	City	State	Zip Code

Financial Services

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 Atlanta Georgia

<u>10/6/2010 - 10/7/2010</u>	\$ <u>207.70</u>	\$ <u>184.00</u>	\$ <u>328.83</u>	\$ _____	\$ <u>720.53</u>
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 City of San Jose was nominated to become a member of the 2010 Wells Fargo Bank Treasury Management Advisory Council. The Council is comprised of national state and local municipal peer representatives. The above payment was utilized for attendance by the City's Council representative.

**Identify the officials for whom the payment was used:**

<u>Andrews</u>	<u>Arn</u>	<u>Treasury Division Mgr</u>	<u>Finance</u>
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.

	<u>ED SHIROMA</u>	<u>ASST CITY MANAGER</u>	<u>11/17/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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