

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Finance Department

Street Address

200 E. Santa Clara Street, San Jose, CA 95113

Area Code/Phone Number

(408) 535-7011

E-mail

julia.cooper@sanjoseca.gov

Agency Contact (name and title)

Julia H. Cooper, Assistant Director

RECEIVED
San Jose City Clerk
2011 FEB 22 A 10:07

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

Last Name

First Name

N/A

Other

Dolce Hayes Mansion

Name

200 Edenvale Avenue, San Jose

CA

95136

Address

City

State

Zip Code

Hotel and Conference Center

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:

N/A

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

02/04/11

(month, day, year)

\$ Complementary use of conference facility.

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

N/A

N/A

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:

Finance Department-wide meeting and Employee Recognition Event on February 4, 2011.

Identify the officials for whom the payment was used:

See Attached

Last Name

First Name

Title

Department/Division

Last Name

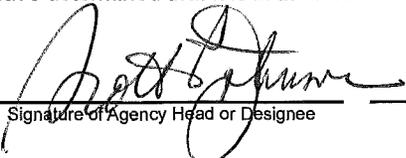
First Name

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.



Scott P. Johnson

Print Name

Director of Finance

Title

2/17/2011

(month, day, year)

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

Gift to Agency Report Instructions

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California
Form **801**

This form is for use by all state and local government agencies to disclose payments made to the agency when the payments provide a personal benefit to an official of the agency. Examples may include travel, meals or other benefits. Under certain circumstances, these payments will not result in a gift to the official, but will be considered a gift to the agency. The payments must be used for official agency business and must meet other requirements that are set out in FPPC Regulation 18944.2, which is available on the FPPC website www.fppc.ca.gov.

When to File

This form must be filed within 30 days of the use of the payment. Reports may be faxed, mailed, personally delivered or e-mailed.

Where to File

State Agencies: File this form with the Fair Political Practices Commission ("FPPC"), 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886
E-mail: Form801@fppc.ca.gov

Local Agencies: File this form with the official that maintains the agency's statements of economic interests (Form 700).

Website Posting: Each agency that maintains a website must also post the form or the information contained on the form on its website within 30 days of the use of the payment. Local agencies that do not maintain a website must forward the form to the FPPC for posting on its website.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received payments from other sources that were used in connection with the activity, disclose the name and payment information for each source.

Part 3. Payment Information

Report the date and amount of each payment. For travel payments, also disclose the location(s), and a breakdown of the expenses. Provide a specific description of the use of the payment and the intended purpose. List each agency official for whom the payment was used.

Example: A business entity paid for an agency employee to travel to attend an informational seminar on solar energy projects in Washington D.C. The description should read: "Travel to attend an EPA co-sponsored solar energy seminar held in Washington, D.C."

Part 4. Verification

The agency head or his or her designee must sign the form.

General Information

Gifts to agencies must meet the following requirements:

- The agency head or designee must determine and control the agency's use of the payment.
- The payment must be used for official agency business.
- The donor may identify a purpose for the gift but may not designate by name, title, class or otherwise, an official who may use the payment.
- The agency official who determines who will use the payment may not select himself or herself.

Travel payments must also meet these requirements:

- A payment for travel may not be used by a state or local elected officer or by the state, county, and city officials who hold positions listed in Government Code Section 87200.
- A payment for travel may not exceed the agency's own reimbursement rates for travel, or the State per diem or IRS reimbursement rates if the agency has no policy.
- The agency head or designee must preapprove travel paid for by a third party before travel commences.

Travel payments made by a federal government agency in connection with education, training, or other inter-agency programs are not reportable.

For further information on filing this report or for general information, contact the FPPC.

Attendance sheet

February 4, 2011 Finance Department-wide Meeting

Name	Division
Dorothy Martinez	Cashiering
Justin Johnson	Admin.
Elin Marinetto	Disbursement
David Zolezzi	Treasury
Janet Shum	Treasury
Charlene Sun	Treasury
Henry Nguyen	Treasury
Julia Jasi	Treasury
Mariela Vega	Treasury
Pam Gilp	Treasury
Joe Morepp	WW II
Robert Guerra	WW II
Jessica Ling	Treasury
Chato Apor	Specialized Sectg.
Lone Deisenroth	General ledger
Damian Beatty	Accounting
Carla Minkus	Purchasing
Jennifer S. Noble	Purchasing
Michelle Delgado	Revenue Management
Alex Rojas	Revenue Management
MARIA SONG	FIN A/P
María Guerrero	FIN A/P
Teresa Macy	FIN P/R
Weiping Ding	Accounting

Name	Division
Belinda Sibatci	Accounting
Danny Tang	Finance - Payroll
Gladys Ho	Finance - A/P
Cecille Endozo	Accounting - Payroll
Jim Wong	Payroll
Phuong Vu	Accounting - GL
Linh Lam	Accounting
Thuy Nguyen	Revenue Mgt
Yen Tiet	Accounting
Suzanne Adaysh	Accounting
MARK BRIGAN	Rev. Mgt.
Justine Nguyen	Accounting
Bharana Menezes	Accty
Adora G	Accty
Wendy Sollazzi	R/M
_____	Treasury
MARK GIOVANNE TH	Purchasing
Julia Cooper	FINANCE
Angela Chen	Admin
Marie Del Rosario	Admin
Maicela Siguero	Rev-Management
Elizabeth Zepeda	Revenue - Mang.
Diet Vu	Rev - Mgt.
Sal Gonzalez	R/M
ROMY MANABE	Accounting Rev Mgt
Jaime Fonseca	A/P
Nancy Maldonado	Rev. Management

Louis Jordan	Revenue Management
JOEY MARINEZ	ACCOUNTING
Charles Maurer	Revenue Management
Robyn Zamora	Rev mgmt
Debbie Chavez	Admin
Dean DePasquale	Rev M.
Diana Moore Stouard	Rev mgmt
Stella Navarre ete	" "
MARTA RUIZ	" "
Rona Abella	" "
Valerie Esquivel	Rev Mgmt
Patrick Sawicki	Rev Mgmt
Grace Martiny	
Stephy V. Gutierrez	Stephy V. Gutierrez
Josephine Brown	Rev. Mgmt
Maya Cull	Purchasing
Elena Seaton	"
Bertha Reyes	"
Maria Contreras-Tamori	Purchasing
Chris Le	Rev mgmt
Sonw Hemel	Treasury
Andres Dhillon	Accounting
Reggie Roberts	Mail-room
Lisa Taitano	Accounting
Tim Tung	Treasury
Maria Oberg	Treasury (!)
Peter Dettels	Treasury
Carne Rank	Rev mgmt
TIMOTHY W ROBERTS ESQ.	" "

Bob Sankley
Jennifer Arriaga
Andrea Macosta
(Michael Basy)

Warehouse / Records
Finance / Treasury
Administration
Rec / Infr. V.

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose		<p style="text-align: center;">RECEIVED</p> <p>Date Stamp San Jose City</p> <p>2011 FEB 28 P 1:55</p>	<p>California Form 802</p> <p>For Official Use Only</p>
Division, Department, or Region (if applicable) Council District 1			
Street Address 200 E. Santa Clara Street, Tower 18th Floor			
Area Code/Phone Number (408) 535-4901	E-mail district1@sanjoseca.gov		
Agency Contact (name and title) Rhovy Antonio, Council Aide		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 27 / 11 Description of Event: Disney on Ice Presents "Lets Celebrate"
 _____ / _____ / _____ Face Value of Ticket: \$ 36.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority
 Number of Tickets Received: 16 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
None		

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Boy Scouts of America

Name of Individual or Organization: Santa Clara County Council Number of Tickets: 16

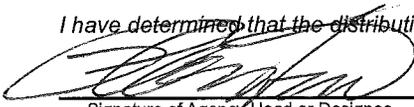
Description of Organization: Non-profit organization

Address of Organization: 970 W. Julian Street San Jose CA 95126
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Community recognition event

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Pete Constant Councilmember 02/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose Division, Department, or Region (if applicable) Council District 1 Street Address 200 E. Santa Clara Street, Tower 18th Floor Area Code/Phone Number E-mail (408) 535-4901 district1@sanjoseca.gov Agency Contact (name and title) Rhovy Antonio, Council Aide		RECEIVED Date Stamp San Jose City 2011 FEB 28	California Form 802 For Official Use Only 1:55
		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 27 / 11 Description of Event: Disney on Ice Presents "Lets Celebrate"
 _____ / _____ / _____ Face Value of Ticket: \$ 77.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority
 Number of Tickets Received: 16 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Constant, Pete	1	Host of community recognition event

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Moreland School District

Name of Individual or Organization: Community Board Advisory Committee Number of Tickets: 15

Description of Organization: School administrators and community advisory group

Address of Organization: 4711 Campbell Avenue San Jose CA 95130
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Community recognition event

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Pete Constant Councilmember 02/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

