

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name City of San Jose		San Jose City Clerk Date Stamp 2012 OCT -3 PM 2:34	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Information Technology Department			
Street Address 200 E. Santa Clara St., San Jose CA 95113			
Area Code/Phone Number 408-535-3566	E-mail vijay.sammeta@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Vijay Sammeta, Chief Information Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Samsung

Last Name	First Name	Name
3655 North First Street	San Jose	CA 95134
Address	City	State Zip Code

Evaluation units of Samsung mobile technology
 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) 8/31/12 \$ 600.00
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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:
 Samsung - Galaxy Note
 Samsung - Galaxy Folio Case

Identify the officials for whom the payment was used:

<u>Sammeta</u> Last Name	<u>Vijay</u> First Name	<u>Chief Information Officer</u> Title	<u>Information Technology</u> 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 SHIKODA</u>	<u>ASS CITY MGR</u>	<u>10/1/12</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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