

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		<b>RECEIVED</b> Date Stamp: San Jose City Clerk 2012 MAR 16 2 9:46 <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara St., 18th Floor			
Area Code/Phone Number 408-535-4800	E-mail pete.furman@sanjoseca.gov		
Agency Contact (name and title)			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Ash Institute, Harvard Kennedy School

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 79 John F. Kennedy St, Box 74 City: Cambridge State: MA Zip Code: 02138

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

**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 Cambridge, MA

1/26/12 - 1/28/12 \$ 484 \$ 498 \$ 0 \$ 0 \$ 980  
 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:**

Attend and participate in the Urban Policy Advisory Group. A periodic meeting of Chiefs of Staff from cities around the U.S. to discuss policy initiatives.

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

<u>Furman</u> Last Name	<u>Peter</u> First Name	<u>Chief of Staff</u> Title	<u>Mayor's Office</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.

Chuck Reed CHUCK REED MAYOR 3/15/12  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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