

Gift to Agency Report

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San Jose City Clerk

GIFT TO AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp 2012 AUG 14 PM 4:10	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 200 E. Santa Clara St., 18th Floor		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>8/14/12</u> (month, day, year)	
Area Code/Phone Number 408-535-4800	E-mail pete.furman@sanjoseca.gov		
Agency Contact (name and title) Peter Furman, Mayor's Office Chief of Staff			

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

Harvard University, Kennedy School of Government
 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 Cambridge, MA

<u>8/1/12 - 8/4/12</u>	\$ <u>688.80</u>	\$ <u>837.00</u>	\$ _____	\$ _____	\$ <u>1525.80</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:

Identify the officials for whom the payment was used:

<u>Furman</u>	<u>Peter</u>	<u>Chief of Staff</u>	<u>Mayor's Office</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.

Chuck Reed CHUCK REED MAYOR 8/14/12
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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