

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		Date Stamp San Jose 2013 JUN 7 PM 3:15	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Information Technology Department			
Street Address 200 E. Santa Clara Street, 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Vijay Sammeta, Chief Information Officer			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Ruckus Wireless

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 350 West Java Drive Sunnyvale CA 94089  
 Address City State Zip Code

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) 3/14/13 \$ 60.00  
 (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:


Black Lab Stuffed Animal - Ruckus Wireless mascot donated for WiFi Launch

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 SHIKADA</u>	<u>ASST CITY MANAGER</u>	<u>6/4/13</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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