Gift to Agency Report

1. Agency Name
   City of San Jose
   Division, Department, or Region (if applicable)
   City Council

   Street Address
   200 S. Santa Clara St, San Jose, CA 95113

   Area Code/Phone Number
   E-mail
   □ Amendment (explain in comment section)
   Date of Original Filing: (month, day, year)

   Agency Contact (name and title)
   Leni Taper, Clerk
   San Jose City

2. Donor Name and Address
   □ Individual
   □ Other
   League of CA Cities
   1400 N. Street, Suite 100
   Sacramento, CA 95814

   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Date(s) of Travel</th>
<th>Transportation Expenses</th>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30/17-7/1/17</td>
<td>$204.88</td>
<td>$112.54</td>
<td>$349.62</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casasco</td>
<td>Magdalen</td>
<td>Vice Mayor</td>
<td>City Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

   Signature of Agency Head or Designee
   Print Name
   City Clerk
   (month, day, year)

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