

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

| | | | |
|--|--------------------------------|---|---|
| 1. Agency Name Tustin Police Department | | Date Stamp CITY OF TUSTIN 2011 AUG -1 P 4:32 | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) Community Policing Trust Fund | | | |
| Street Address 300 Centennial Way, Tustin, CA 92780 | | | |
| Area Code/Phone Number (714) 573-3300 | E-mail saitken@tustinca.org | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Chief Scott Jordan or Shannon Aitken | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Doctor's Ambulance Service

_____ Last Name _____ First Name _____ Name _____

23091 Terra Drive _____ Laguna Hills _____ CA _____ 92653

Address _____ City _____ State _____ Zip Code _____

Ambulance Service

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) 01-31-2011 \$ 2,500.00
(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 |

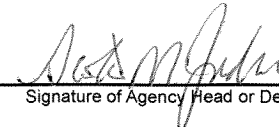
Provide a specific description of the nature and use of the payment for official agency business:
Community Policing Trust Fund - Annual Report

Identify the officials for whom the payment was used:

| | | | |
|-----------|------------|-------|---------------------|
| _____ | _____ | _____ | _____ |
| 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.

 Scott M. Jordan Chief of Police 8-1-2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

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