

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Tustin
 Division, Department, or Region (if applicable)
 Street Address
 300 Centennial Way, Tustin, CA 92780
 Area Code/Phone Number E-mail
 (714) 573-3000 cshingleton@tustinca.org
 Agency Contact (name and title)
 Christine Shingleton, Assistant City Manager

Date Stamp
California 801
 Form
 For Official Use Only
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual Biggs David Other _____
 Last Name First Name Name
2404 Nelson Avenue, Unit A Redondo Beach CA 90278
 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

3. Payment Information

Date and Amount of Payment (other than travel) 12/1/2010 \$ \$400.00
 (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:

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.

 Signature of Agency Head or Designee Christine Shingleton Assistant City Manager 12/1/2010
 Print Name Title (month, day, year)

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