

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Tustin		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 300 Centennial Way, Tustin, CA 92780			
Area Code/Phone Number (714) 573-3000	E-mail cshingleton@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Christine Shingleton, Assistant City Manager			

**2. Donor Name and Address**

Individual Siegel Jeanne  Other \_\_\_\_\_  
Last Name First Name Name

P.O. Box 332 Tustin CA 92781  
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:**

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

**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.

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

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

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