

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name
 City of Tustin Parks + Recreation
 Division, Department, or Region (if applicable)
 300 Centennial Way
 Street Address
 (714) 573-3336
 Area Code/Phone Number

CITY OF TUSTIN
 Date Filed
 2008 MAR 24 A 11: 08

California Form 801
 For Official Use Only

Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

Agency Contact (name and title)
 Carie Woodward, Rec. Coordinator

2. Donor Name and Address

Individual
 Other Kaplan
 888 Seventh Ave. New York NY 10106
 Address City State Zip Code
 Kaplan / SCORE Learning Ctr.
 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:
 Kaplan \$50.00
 Name Amount Name Amount

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) 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:

Halloween Howl

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.

Carie Woodward Carie Woodward Rec. Coordinator 3/23/09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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