

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Tustin		Date Stamp CITY OF TUSTIN	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Police Department		2011 JAN 18 A 9:55	
Street Address 300 Centennial Way			
Area Code/Phone Number 714 573-3396	E-mail rortiz@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Ruby Ortiz : Police Services Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Nissenson Lenard  Other \_\_\_\_\_  
Last Name First Name Name

1088 N Gardner Drive Orange CA 92867  
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:

Lenard Nissenson \$ \$100.00 \_\_\_\_\_ \$ \_\_\_\_\_  
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:


Funds were used for the Santa Cop Program.

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.

 \_\_\_\_\_ Scott M. Jordan Chief of Police 1-5-11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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