

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Tustin
 Division, Department, or Region (if applicable)
Parks & Recreation Dept.
 Street Address
300 Centennial Way
 Area Code/Phone Number
(714) 573-3324 E-mail
cwoodward@tustinca.org
 Agency Contact (name and title)
Carrie Woodward

RECEIVED Date Stamp
AUG 15 2011
 OFFICE-TUSTIN CITY CLERK
California Form 801
 For Official Use Only
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual Walters Lori Other _____
 Last Name First Name Name
10912 Lake Court Rd. Santa Ana Ca. 92705
 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.

Lori Walters \$ 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:

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.

Carrie Woodward Carrie Woodward Rec. Coordinator 8/12/11
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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