

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		CITY OF TUSTIN Date Stamp 2009 APR 14 P 3:51	California Form 801 For Official Use Only
City of Tustin			
Division, Department, or Region (if applicable) Police Department Explorer Post			
Street Address 300 Centennial Way, Tustin CA 92780			
Area Code/Phone Number 714-573-3252	E-mail sfrazier@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Scottie Frazier, Accreditation Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Enderle Center Merchants Association

Last Name: _____ First Name: _____ Name: _____
 17300 E. 17th St.; Suite J131 Tustin Ca 92780
 Address City State Zip Code

Merchant's Association for Shopping Center

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:

Det. Mark Sauerwein	\$ 225.00	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 11-20-08 \$ 225.00
 (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:


Funds to be used by Tustin Police Department's Explorer Post

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.

	Scott M. Jordan	Chief of Police	11-27-08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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