

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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

2. Donor Name and Address

Individual Jacobs Michael  Other \_\_\_\_\_  
Last Name First Name Name

9 Rue Grand Valee Newport Beach CA 92660  
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:

|                       |                       |                     |                       |
|-----------------------|-----------------------|---------------------|-----------------------|
| <u>Michael Jacobs</u> | \$ <u>100.00</u>      | _____               | \$ _____              |
| <small>Name</small>   | <small>Amount</small> | <small>Name</small> | <small>Amount</small> |

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 \_\_\_\_\_

|                                  |  |                                 |                              |                               |                               |
|----------------------------------|--|---------------------------------|------------------------------|-------------------------------|-------------------------------|
| _____                            | \$ _____                               | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                      |
| <small>Date(s) of Travel</small> | <small>Transportation Expenses</small> | <small>Lodging Expenses</small> | <small>Meal Expenses</small> | <small>Other Expenses</small> | <small>Total Expenses</small> |

Provide a specific description of the nature and use of the payment for official agency business:


Funds were used for the Walk to School 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.

|   |                           |                        |                                   |
|---|---------------------------|------------------------|-----------------------------------|
|  | <u>Scott M. Jordan</u>    | <u>Chief of Police</u> | <u>1-5-11</u>                     |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>   | <small>(month, day, year)</small> |

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