Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: CITY OF TUSTIN 2011 JAN 18 A 9:55

1. Agency Name

City of Tustin

Division, Department, or Region *(if applicable)*

Police Department

Street Address

300 Centennial Way

Area Code/Phone Number: 714 573-3396

E-mail: rortiz@tustinca.org

Agency Contact *(name and title)*

Ruby Ortiz : Police Services Officer

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: _____ *(month, day, year)*

2. Donor Name and Address

☒ Individual Barry (Last Name) Nancy (First Name) ☐ Other _____ (Name)

13201 Silver Birch Drive (Address) Tustin (City) CA (State) 92780 (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:

Nancy Barry (Name) $ $295.00 (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:

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.

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

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