

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Tustin Parks & Rec. Dept.		CITY OF TUSTIN	Date Stamp 2010 APR -2 A 9: 31	California Form 801 For Official Use Only
300 Centennial Way				
(714) 573-3336				
E-mail cwoodward@tustinca.org		<input type="checkbox"/> Amendment (explain in comment section)		
Agency Contact (name and title) Carrie Woodward		Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual _____ Other Navab, D.O. Chiropractic Corp

P.O. Box 949 Tustin CA 92781

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:

Navab Chiropractic \$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.

Signature of Agency Head or Designee Print Name Title (month, day, year)

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