

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name
 City of Tustin Human Resources
 Division, Department, or Region (if applicable)
 300 Centennial Way
 Street Address
 Tustin, Ca 92780
 Area Code/Phone Number E-mail
 (714) 573-3040 employment@tustinca.org
 Agency Contact (name and title)
 Kristi Recchia, Director of Human Resources

CITY OF TUSTIN
 Date Stamp
 2008 OCT -8 P 12: 31
 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 Vo, James Other Ritz Nails
 Last Name First Name Name
2201 Park Ave. Tustin, Ca. 92782
 Address City State Zip Code
Nail Salon
 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:

Name	Amount	Name	Amount
	\$ 52.00		

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:
Four \$13.00 manicure certificates received for City's Health Fair.

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.

Kristi Recchia Kristi Recchia Director, Human Resources 10/3/08
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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