

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Tustin - Parks and Recreation		Date Stamp  CITY OF TUSTIN  2011 SEP 12 AM 7:44	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) 300 Centennial Way Tustin, CA 92780			
Street Address (714) 573-3326			
Area Code/Phone Number Sarah King	E-mail sking@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Recreation Coordinator			

**2. Donor Name and Address**

Individual Esparza Ron  Other \_\_\_\_\_  
Last Name First Name Name

505 E. 1st St. Ste. A Tustin CA 92780  
Address City State Zip Code

Sponsorship for Summer Concerts in the Park  
 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

**3. Payment Information**

Date and Amount of Payment (other than travel) 06/9/2011 \$ 438.00  
(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:

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.

[Signature] Sarah King recreation coordinator 9/7/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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