

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Tustin

CITY OF TUSTIN Date Stamp

California Form 801

For Official Use Only

Division, Department, or Region (if applicable)

2009 FEB -3 P 4: 36

Street Address

300 Centennial Way, Tustin, CA 92780

Area Code/Phone Number

(714) 573-3010

E-mail

cshingleton@tustinca.org

Agency Contact (name and title)

Christine Shingleton, Assistant City Manager

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Last Name First Name Other Name

11986 Red Hill North Tustin CA 92705
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.

Same as above \$ 400.00 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 Christine Shingleton Assistant City Manager 2/2/09
Print Name Title (month, day, year)

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