

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City Of Tustin		CITY OF TUSTIN Date Stamp 2010 SEP 30 A 9: 00	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Parks and Recreation			
Street Address 300 Centennial Way			
Area Code/Phone Number 714/573-3326	E-mail Sking@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Sarah King		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other State Farm Insurance

_____ Last Name First Name _____ Name
3 State Farm Plaza Bloomington IL 61791
 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:

_____ \$ _____ Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 09/10/2010 \$ 5000.00
 (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:

Donation for Tustin Tiller Days

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] SARAH KING PR COOR. 9/28/10
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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