Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: CITY OF TUSTIN 2009 JAN -8 A 10:03

1. Agency Name

City of Tustin

Division, Department, or Region *(if applicable)*

300 Centennial Way

Street Address

Tustin, CA 92780

Area Code/Phone Number: 714-573-3107

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 — Kasparian (Last Name) Susan (First Name) ☐ Other _____ (Name)

13581 Wheeler Place (Address) Tustin (City) CA (State) 92780 (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:

Susan Kasparian (Name) $ 400.00 (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 (Print Name) — Assistant City Manager (Title) — 12/30/2008 *(month, day, year)*

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