

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Tustin		CITY OF TUSTIN Date Stamp 2009 APR 1 A 10:07	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 300 Centennial Way, Tustin, CA 92780			
Area Code/Phone Number (714) 573-3010	E-mail cshingleton@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Christine Shingleton, Assistant City Manager			

2. Donor Name and Address

Individual \_\_\_\_\_  Other The Joe MacPherson Foundation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1572 Amberwood Drive Santa Ana CA 92705  
 Address City State Zip Code

Foundation \_\_\_\_\_  
 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) 3/20/09 \$ 500,000.00  
 (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:

Library Pledge - Donation

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.


 \_\_\_\_\_ Christine Shingleton Assistant City Manager \_\_\_\_\_ 3/31/09  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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