

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Tustin

Division, Department, or Region (if applicable)

Parks and Recreation

Street Address

300 Centennial Way Tustin, CA 92780

Area Code/Phone Number

(714) 573-3333

E-mail

sking@tustinca.org

Agency Contact (name and title)

Sarah King, Recreation Coordinator

CITY OF TUSTIN Date Stamp

2009 JUL 15 A 8:55

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

ROBERTS, TODD

Other

Address

12002 GIMBERT LANE

City

SANTA ANA, CA

State

92705 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:

TODD ROBERTS Name

\$ 76.00 Amount

Name

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

7/14/09 (month, day, year)

\$ 76.00 (Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

N/A

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:

N/A

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

Sarah King Print Name

Rec coord. Title

7/14/09 (month, day, year)

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

MOVIES IN THE PARK