

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp CITY OF TUSTIN 2009 JUL 15 A 8:55	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Sarah King, Recreation Coordinator		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other TRIFITT SPORTS

Address: 1920 S. ANAHEIM #220, City: ANAHEIM, State: CA, Zip Code: 92805

SPORTS CONTRACTOR

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:

TRIFITT SPORTS \$ 75 Name _____ Amount _____

3. Payment Information

Date and Amount of Payment (other than travel) 6/26/09 \$ 75.00
(month, day, year) (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] Sarah King Rec Coord. 7/14/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)
MOVIES IN THE PARK