

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

|  |        |   |   |
|--|--------|---|---|
| <b>1. Agency Name</b><br>City of Tustin - Tustin Tiller Days                         |        | Date Stamp<br>CITY OF TUSTIN                                    | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                                      |        | 2009 SEP -1 A 11: 04  |   |
| Street Address<br>300 Centennial Way Tustin 92780                                    |        |   |   |
| Area Code/Phone Number<br>714-573-3326   | E-mail | <input type="checkbox"/> Amendment (explain in comment section) |   |
| Agency Contact (name and title)<br>Christine Cleveland Parks + Recreation Supervisor |        | Date of Original Filing: _____<br>(month, day, year)            |   |

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Yogurt Group LLC

\_\_\_\_\_ Last Name First Name Name \_\_\_\_\_

13842 Newport Ave Ste A Tustin CA 92680

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) 8/17/09 \$ 4,000.00  
(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:

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 Cleveland Christine Cleveland Recreation Supervisor 8/24/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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