

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
City of Imperial Beach		2014 JAN 27 PM 1:07	
Division, Department, or Region (if applicable)		CITY MANAGER & CITY CLERK OFFICES	
City Clerk Department			
Street Address			
825 Imperial Beach Blvd.			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
619-628-2347	cityclerk@imperialbeachca.gov	Date of Original Filing: 01/27/2014	
Agency Contact (name and title)		(month, day, year)	
Jacqueline Hald			

2. Donor Name and Address

Individual \_\_\_\_\_  Other American Water

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

P.O. Box 5600 Cherry Hill NJ 08034

Address City State Zip Code

Water Provider \_\_\_\_\_

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) 01/17/2014 \$ 500.00

(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:

State of the City Address Sponsorship

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 on file \_\_\_\_\_ Jacqueline Hald \_\_\_\_\_ City Clerk \_\_\_\_\_ 01/27/2014

Signature of Agency Head or Designee Print Name Title (month, day, year)

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