

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 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		Date of Original Filing: 01/27/2014 (month, day, year)	
825 Imperial Beach Blvd.			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
619-628-2347	cityclerk@imperialbeachca.gov		
Agency Contact (name and title)		Date of Original Filing: 01/27/2014 (month, day, year)	
Jacqueline Hald			

2. Donor Name and Address

Individual _____ Other Atkins North America, Inc.

_____ Last Name First Name _____ Name

4030 W. Boy Scout Blvd. Suite 700 Tampa FL 33607

Address City State Zip Code

Engineering Services

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) 01/06/2014 \$ 250.00

(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

Signature of Agency Head or Designee

Jacqueline Hald
Print Name

City Clerk
Title

01/27/2014
(month, day, year)

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