

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Imperial Beach
Division, Department, or Region (if applicable)
City Clerk Department

Street Address
825 Imperial Beach Blvd.

Area Code/Phone Number (619)628-2347
E-mail cityclerk@imperialbeachca.gov

Agency Contact (name and title)
Jacqueline Hald

Date Stamp

2014 FEB 20 PM 3:13

CITY MANAGER &
CITY CLERK OFFICES

California Form 801
For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 02/20/2014
(month, day, year)

2. Donor Name and Address

Individual or Other EDCO

6670 Federal Blvd Lemon Grove CA 91945
Address City State Zip Code

Disposal Corporation
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) 02/19/14 \$ 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

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 City Clerk 02/20/2014
Print Name Title (month, day, year)

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