

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

2014 JAN 27 PM 1:07 Date Stamp

CITY MANAGER & CITY CLERK OFFICES

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 01/27/2014 (month, day, year)

2. Donor Name and Address

Individual Other Project Design Consultants

701 B Street, Suite 800 San Diego CA 92101

Design and engineer commercial redevelopment projects

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) 01/15/2014 \$ 500.00

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

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