

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City of Imperial Beach		Date Stamp 2014 FEB -6 AM 10:09 CITY MANAGER & CITY CLERK OFFICES	California Form 801 For Official Use Only
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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>02/06/14</u> <small>(month, day, year)</small>	

2. Donor Name and Address

Individual _____ Other McDougal, Love, Eckis, Boehmer & Foley

Last Name	First Name	Name
8100 La Mesa Blvd., Suite 200	La Mesa	CA 91942
Address	City	State Zip Code

Attorneys at Law
 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
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3. Payment Information

Date and Amount of Payment (other than travel) 02/06/14 \$ 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
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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	02/06/2014
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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