

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Anderson
Division, Department, or Region (if applicable)
Planning Department
Street Address
1887 Howard Street, Anderson, CA 96007
Area Code/Phone Number
(530) 378-6646
E-mail
jbbarnett@ci.anderson.ca.us
Agency Contact (name and title)
Juanita Barnett, City Clerk

Date Stamp

California Form 801
For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other
Last Name First Name
180 Grand Avenue, Suite 750 Oakland CA 94612
Address City State Zip Code

Partnership for Public Health, Public Health Institute

Public Health, Program Office and Technical Assistance 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:

Angela Burke \$ 1,747.38
Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 09/30/2009 \$ 1,747.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Diego, California

9/16 - 9/18/2009 \$ 1,027.94 \$ 567.44 \$ 152.00 \$ 1,747.38
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:

This payment covered travel expenses for Planning Commissioners Christine Haggard and Ron Barnett to attend the HEAC Crime Prevention Through Environmental Design training organized by Partnership for Public Health.

Identify the officials for whom the payment was used:

Haggard Christine Planning Commissioner Planning
Last Name First Name Title Department/Division
Barnett Ron Planning Commissioner Planning
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.

Dana Shigley Dana Shigley City Manager 12/9/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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