

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Pinole		Received Stamp <b>JUL - 6 2009</b>	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) 2131 Pear Street			
Street Address Pinole CA 94564		Office of the City Clerk	
Area Code/Phone Number (925) 724-8928	E-mail		
Agency Contact (name and title) Patricia Athenour, City Clerk			
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>July 06, 2009</u> <small>(month, day, year)</small>	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Mann, Urrutia, Nelson

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
2901 Douglas Blvd., Suite 290 Roseville CA 95661  
 Address City State Zip Code

CPA Firm EXTERNAL AUDITOR

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) 06/29/2009 \$ 250  
(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:

Identify the officials for whom the payment was used:

National Night Out BBQ JULY 15, 2009 Police Department

_____	_____	_____	_____
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] RICHARD LOOMIS FINANCE DIRECTOR 07-06-09  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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