

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City of Anderson		Date Stamp	California Form 801 For Official Use Only
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 jbarnett@ci.anderson.ca.us	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Juanita Barnett, City Clerk			

2. Donor Name and Address

Individual _____ Other _____

Last Name	First Name	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

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:

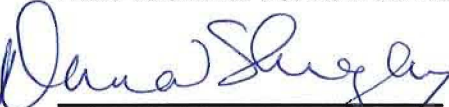
This payment covered travel expenses for Planning Commissioners Christine Haggard and Ron Barnett to attend the HEAC Crime Prevention Through Environmental Design training organized by Partnership for Public Health.

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 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.)