

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name <u>City of Imperial</u>		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)		RECEIVED NOV 09 2010	
Street Address <u>420 South Imperial Avenue</u>			E.Y. <u>009</u>
Area Code/Phone Number <u>Imperial, CA 92251</u>	E-mail <u>jgalvan@cityofimperial.org</u>	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) <u>George Galvan, Planning Manager</u>		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Oasis Growth Partners, LLC.

Last Name _____ First Name _____ Name _____

2275 Huntington Drive, Suite 534, San Marino, CA 91108-2640

Address _____ City _____ State _____ Zip Code _____

Developer of the Alliance Regional Center Commercial Project @ Neckel & Hwy 80

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) 8/23/10 \$ 3,073

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

9/4/10-9/14/10 \$ 1,641 \$ 1,038 \$ 394 \$ _____ \$ 3,073

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:

<u>Galvan,</u>	<u>George</u>	<u>Planning Manager</u>	<u>Planning</u>
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.

Marlene D. Best Marlene D. Best City Manager 11/9/10

Signature of Agency Head or Designee Print Name Title (month, day, year)

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