

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name CITY OF IMPERIAL		Date Stamp RECEIVED OCT 13 2011	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)		BY: <i>[Signature]</i>	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
Street Address 420 S. IMPERIAL AVE, IMPERIAL, CA 92251			
Area Code/Phone Number 760-355-3326	E-mail jgalvan@cityofimperial.org		
Agency Contact (name and title) GEORGE GALVAN, PLANNING DIRECTOR			

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 @ NECKER & HWY 86

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) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel **BEIJING & SHANGHAI CHINA**

09.03.11 - 09.11.11 \$ **1700** \$ **910** \$ **360** \$ **0** \$ **2,970**
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:

GALVAN	JEORGE	PLANNING DIRECTOR	PLANNING
_____	_____	_____	_____
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 A. Best **Marlene D. Best** **City Manager** **10-19-11**
Signature of Agency Head or Designee Print Name Title (month, day, year)

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