

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

CITY OF SANTA ANA FIRE DEPT

Division, Department, or Region (if applicable)

Date Stamp

2011 SEP 19 PM 1:39

California Form 801

For Official Use Only

Street Address

1439 S BROADWAY

CITY OF SANTA ANA CLERK OF COUNCIL

Area Code/Phone Number

714 647 5700

E-mail

dthomas@santa-ana.org

Agency Contact (name and title)

DAVID THOMAS

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Other

JSE LUIS RODRIGUEZ

3305 S BRISTOL ST SANTA ANA CA 92704

SUPER ANITOS MEXICAN FOOD

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) 9-11-2011 \$ 125.50

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:

provide meals for the firefighters as a 9/11 tribute to say thanks.

Identify the officials for whom the payment was used:

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 of Agency Head or Designee DAVID THOMAS FIRE CHIEF 09-15-11

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