Gift to Agency Report

1. Agency Name
CITY OF SANTA ANA FIRE DEPT

Division, Department, or Region (if applicable)

Street Address
1439 S BROADWAY

CITY OF SANTA ANA
CLERK OF COUNCIL

Area Code/Phone Number
714 647 5700
E-mail
dthomas@santa-ana.ca.gov

Agency Contact (name and title)
DAVID THOMAS

Date Stamp
2011 SEP 19 PM 1:39

GIFT TO AGENCY REPORT
California Form 801
For Official Use Only

2. Donor Name and Address

☐ Individual
☐ Other

Jose Luis Rodriguez
3805 S PDI ST R ST SANTA ANA CA 92704

SUPER ANTIQUITOS 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
<th>Name</th>
<th>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information

Date and Amount of Payment (other than travel) 9/11/2011 $25.50

Travel Payment Information (Round to whole dollars)

<table>
<thead>
<tr>
<th>Date(s) of Travel</th>
<th>Transportation Expenses</th>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Department/Division</th>
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</thead>
<tbody>
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</table>

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.

David Thomas
Fire Chief
09-15-11

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

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

FPPC Form 801 (June 08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)