

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
City of Calabasas			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
100 Civic Center Way			
Area Code/Phone Number	E-mail		
818/224-1600			
Agency Contact (name and title)			
Gwen Peirce, City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other A2B Transportation

Last Name	First Name	Name
15441 Leadwell Street	Van Nuys	CA 91406
Address	City	State Zip Code

Dial a Ride service 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:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/20/2010 \$ approximately 100.00  
(month, day, year) (Round to whole dollars)

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:

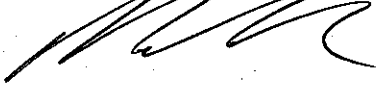
Honey Baked Ham and turkey for City employees.

Identify the officials for whom the payment was used:

All city employees except	the City Manager		
_____	_____	_____	_____
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.

 A. Loman City Manager 12/27/10  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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<b>1. Agency Name</b> City of Calabasas Division, Department, or Region (if applicable)		Date Stamp	<b>California Form 801</b> For Official Use Only
Street Address 100 Civic Center Way			
Area Code/Phone Number 818/224-1600	E-mail		
Agency Contact (name and title) Gwen Peirce, City Clerk		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Donor Name and Address**

Individual Jamie Daugherty and  Other Braewood Calabasas HOA

<small>Last Name</small> <u>Jamie</u>		<small>First Name</small> <u>Daugherty</u>		<small>Name</small> _____	
Address <u>22287 Mulholland Hwy., #244</u>		City <u>Calabasas</u>		State <u>CA</u> Zip Code <u>91302</u>	
Homeowners Association					
<small>If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.</small>					
<small>If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:</small>					
_____ \$ _____		_____ \$ _____		_____ \$ _____	
<small>Name</small>		<small>Amount</small>		<small>Name</small>	

**3. Payment Information**

Date and Amount of Payment (other than travel) 12/20/2010 \$ approximately 120.00  
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel \_\_\_\_\_

_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

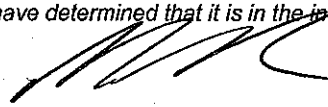
Provide a specific description of the nature and use of the payment for official agency business:  
 Two gift baskets with gourmet cookies for City employees.

Identify the officials for whom the payment was used:

<u>All city employees except</u>	<u>the City Manager</u>	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

**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.

	<u>A. Lorenz</u>	<u>City Manager</u>	<u>12/22/10</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

**Gift to Agency Report**

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GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Calabasas		Date Stamp	<b>California 801</b> Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 100 Civic Center Way			
Area Code/Phone Number 818/224-1600	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Gwen Peirce, City Clerk		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Colantuono & Levin, PC

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

300 South Grand Avenue, Suite 2700 Los Angeles CA 90071-313

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City Attorney \_\_\_\_\_

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

**3. Payment Information**

Date and Amount of Payment (other than travel) 12/15/2010 \$ 50.00

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

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:**

Gift basket with fruit, candy, nuts, etc. for City employees.

**Identify the officials for whom the payment was used:**


All city employees except the City Manager

\_\_\_\_\_ 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.

 \_\_\_\_\_ A. Covar Mc \_\_\_\_\_ City Manager \_\_\_\_\_ 10/27/10

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

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

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<b>1. Agency Name</b> City of Calabasas		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 100 Civic Center Way			
Area Code/Phone Number 818/224-1600	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Gwen Peirce, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Geo Dynamics

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
777 Eisenhower Way Simi Valley CA 93065  
 Address City State Zip Code  
Geotechnical Services  
 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 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/15/2010 \$ 50.00  
 (month, day, year) (Round to whole dollars)

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:


Gift basket with cookies, candy, tea, etc. for City employees.

Identify the officials for whom the payment was used:

<u>All city employees except</u>	<u>the City Manager</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.

  
 Signature of Agency Head or Designee

A. Lower My  
 Print Name

City Manager  
 Title

12/27/10  
 (month, day, year)

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

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GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Calabasas Division, Department, or Region (if applicable) Building & Safety Street Address 100 Civic Center Way Area Code/Phone Number (818) 224-1600 E-mail Agency Contact (name and title) Gwen Peirce, City Clerk		Date Stamp   <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	<b>California Form 801</b> For Official Use Only
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2. Donor Name and Address

Individual \_\_\_\_\_  Other Edgesoft

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 6133 Bristol Parkway City: Culver City State: C Zip Code: 90230  
 Software consultant

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) 12/14/10 \$ approximately \$50.00  
 (month, day, year) (Round to whole dollars)

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:

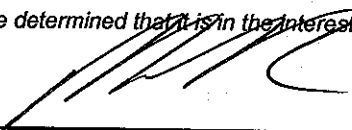

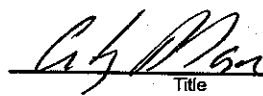
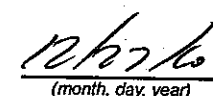
Holiday gift basket containing crackers, cheese and candy for City employees.

Identify the officials for whom the payment was used:

All City employees, except	the City Manager	_____	_____
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.

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

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

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Division, Department, or Region (if applicable)			
Street Address 100 Civic Center Way			
Area Code/Phone Number (818) 224-1600	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Gwen Peirce, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Warehouse Office & Paper Products

Last Name: 11133 Vanowen Street  
 First Name: North Hollywood  
 City: CA  
 State: 91605  
 Zip Code

Office supply vendor  
 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) 12/10/10 \$ approximately \$50.00  
 (month, day, year) (Round to whole dollars)

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:

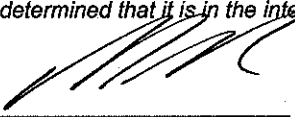

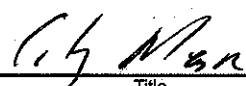
Holiday gift basket containing crackers, cheese and candy for City employees.

Identify the officials for whom the payment was used:

All City employees, except	the City Manager	_____	_____
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.




12/27/10

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

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