

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Oakdale
Division, Department, or Region (if applicable)
Mayor and City Council
Street Address
280 N. Third Avenue Oakdale CA 95361
Area Code/Phone Number
209 845-3571
E-mail
information@ci.oakdale.ca.us
Agency Contact (name and title)
Nancy Lilly, City Clerk

Date Stamp

California Form 801

RECEIVED

NOV 18 2010

BY: N. Lilly

Amendment (explain in comment section)

Date of Original Filing: 11/17/10 (month, day, year)

2. Donor Name and Address

Individual Other Sconza Candy
Last Name First Name Name
1 Sconza Candy Lane Oakdale CA 95361
Address City State Zip Code

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) 10/13/10 \$297.00
(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:

11 Boxes of Fruit and Nut Confections provided to Mayors and Guests at Stanislaus County Mayors Meeting in Oakdale.

Identify the officials for whom the payment was used:

Stanislaus County Mayors
Last Name First Name Title Department/Division
Alliance CEO Bill Bassitt
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 Steve Hallam Print Name City Manager Title 11/18/10 (month, day, year)

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