

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
American River Flood Control District			
Division, Department, or Region (if applicable)			
165 Commerce Circle, Suite D		Street Address	
Sacramento, CA 95815		Area Code/Phone Number	
E-mail		Amendment (explain in comment section)	
(916)929-4006		Date of Original Filing: _____ (month, day, year)	
arfed@arfed.org		Agency Contact (name and title)	
Tim Kerr, General Manager			

2. Donor Name and Address

Individual _____ Other Municipal Maintenance Equipment

_____ Last Name _____ First Name _____ Name

2360 Harvard Street _____ Sacramento _____ CA _____ 95815

Address _____ City _____ State _____ Zip Code _____

New and used heavy equipment supplier.

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) 07/17/2008 \$ Tractor tires valued at \$550

(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:


Two 18-434 tractor tires valued at \$550.
These tractor tires will be used as spare tires for the District's John Deere tractor.

Identify the officials for whom the payment was used:

_____	_____	_____	_____
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.

 TIMOTHY R. KERR GENERAL MANAGER 7-16-08

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

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