

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

| | | | |
|---|-----------------------------|---|---|
| 1. Agency Name Sacramento Housing and Redevelopment Agency | | Date Stamp | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) Housing Choice Voucher Program | | | |
| Street Address 1210 G Street, Sacramento, CA 95814 | | | |
| Area Code/Phone Number 916 440-1397 | E-mail mpaulson@shra.org | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| Agency Contact (name and title) MaryLiz Paulson | | | |

2. Donor Name and Address

Individual Situ Nick Other

Last Name First Name Name

552 Fulton Ave Sacramento CA 95825

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) 12/14/11 \$ 200.00

(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 |
|-------------------|----|-------------------------|----|------------------|----|---------------|----|----------------|----|----------------|

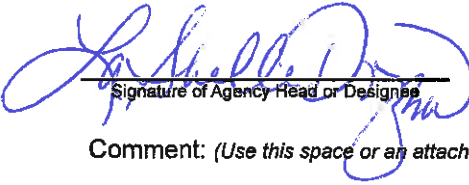
Provide a specific description of the nature and use of the payment for official agency business:
office supplies to be used for Agency business.

Identify the officials for whom the payment was used:

| | |
|---|-------------|
| <u>all HCV Staff</u> | <u>HC V</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.

| | | | |
|--|------------------------|------------------|--------------------|
|  | <u>Hashelle Dozier</u> | <u>Executive</u> | <u>12/16/11</u> |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: (Use this space or an attachment for any additional information.) | | | |