Agency Name			Document	Date Stamp	California O O
City of Irvine			0 110		
Division, Department, or Rec	ion (if applicable)		Sund VIII	ZI HIII	For Official Use Only
City Manager's Office					
Street Address					·
1 Civic Center Plaza, Irvine	e, CA 92623				
Area Code/Phone Number	E-mail				
949-724-6246	sjoyce@cityofir	vine.org		Amendment (	explain in comment section)
Agency Contact (name and title				Date of Original F	iling:(month, day, year)
Sean Joyce, City Manager					(monur, day, year)
Donor Name and Addre	ess				
			FT 045 = =	The Energy Co	alition
Individual Last Name	Fir	st Name	_ ⊠ Other		Name
15615 Alton Parkway, Suit	te 245	Irvine		C	
Address		City		Sta	te Zip Code
The Energy Coalition is a 5					
f "Other" is marked, describe the entity	's business activity (if bus	siness) or its nature and	I interests.		
f applicable, identify the name	of each source and	the amount(s) so	licited or receive	ed by the donor for	this gift:
	_				•
Name	<u> </u>	Amount		Name	\$Amount
Payment Information					
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Payment Information Date and Amount of Paym	nent (other than travel)	(month day year	\$	(Round to whole dolla	ure)
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Date and Amount of Paym  Fravel Payment Information  8/1/09 - 8/6/09  Date(s) of Travel  Strington	ON (Round to whole dollar 4157.50 ansportation Expenses	(month, day, year, ars) Location of \$\frac{2304.00}{\text{Lodging Expenses}}\$	of Travel Store \$ 669.	50 \$Other	and Copenhagen, Denma  7130.50  Expenses  Total Expenses
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