

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name		California Form 801 For Official Use Only
City of Irvine		
Division, Department, or Region (if applicable) City Manager's Office		
Street Address 1 Civic Center Plaza, Irvine, CA 92623		
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
949-724-6246	sjoyce@cityofirvine.org	
Agency Contact (name and title) Sean Joyce, City Manager		

2. Donor Name and Address

Individual _____ Other The Energy Coalition

Last Name: _____ First Name: _____ Name: _____
 15615 Alton Parkway, Suite 245 Irvine CA 92618
 Address City State Zip Code

The Energy Coalition is a 501 c3 organization
 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) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Stockholm, Sweden and Copenhagen, Denmark

8/1/09 - 8/6/09	\$ 4157.50	\$ 2304.00	\$ 669.50	\$ _____	\$ 7130.50
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:
 Travel for a Councilmember and staff to attend the 2009 Aspen Accord Summer Conference held in Stockholm, Sweden and Copenhagen, Denmark.

Identify the officials for whom the payment was used:

Shea	Christina	Councilmember	City Manager's Office
Last Name	First Name	Title	Department/Division
Fisk	Brian	Mgr. of Planning/Redev.	Community Development
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.

Sean Joyce SEAN JOYCE CITY MANAGER 8-27-09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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