Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: Rec'd 9-19-13

1. Agency Name

City of Hollister

Division, Department, or Region *(if applicable)*

Hollister Airshow Fund 213

Street Address

375 Fifth Street, Hollister CA 95023

Area Code/Phone Number	**E-mail**
831-636-4365	mike.chambless@hollister.ca.gov

Agency Contact *(name and title)*

Michael Chambless, Airshow Director

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: 9/3/2013 *(month, day, year)*

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☒ Other Experimental Aircraft Association 1264 — Name

Hollister Municipal Airport — Address; Hollister — City; CA — State; 95023 — Zip Code

Promotion of Aviation Activities

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)* 8/29/13 *(month, day, year)* $ $5,473.47 *(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:

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.

Signature of Agency Head or Designee — Michael Chambless (Print Name) — Airshow Director (Title) — 9/3/13 *(month, day, year)*

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