

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
Napa County			
Division, Department, or Region (if applicable)			
1195 3rd St. Suite B10			
Street Address			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
707-299-1733	tschulze@co.napa.ca.us		
Agency Contact (name and title)			
Tracy Schulze - Assistant Auditor-Controller			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Hess Collection

Last Name First Name Name

4411 Redwood Road Napa CA 94558

Address City State Zip Code

Winery

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) 09/15/08 \$ 300

(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:


Joint meeting of Board of Supervisors and City Council to discuss Memorandum of Understanding adopted on July 1, 2008 regarding the establishment of growth boundaries for the City of American Canyon.

Identify the officials for whom the payment was used:

Wagenknecht	Brad	Chair	Board of Supervisors
Last Name	First Name	Title	Department/Division
Dodd	Bill	Member	Board of Supervisors
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.

 Tracy Schulze Assistant Auditor-Controller 10/08

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

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

Additional Officials: Mark Luce, Diane Dillon, and Harold Moskowitz all members of Board of Supervisors