Gift to Agency Report	A Pub	lic Document	OFWED	GIFT TO AGENCY REPORT
1. Agency Name		RE	Date Stamp	California 201
City of Fresno		2011 FED	10 DM 1-26	Form OUI
Division, Department, or Region (if	applicable)	20111128	10 PM 1:36	For Official Use Only
		CITY CLE	RK, FRESNO CA	
Street Address				
2600 Fresno Street,		93721		
Area Code/Phone Number E-ma	iil		Amendment (expla	in in comπent section)
569-621-CITY			Date of Original Filing	
Agency Contact (name and title)	Olad.		Date of Original Filing	(month, day, year)
Becky Klisch - City	Clerk			
2. Donor Name and Address				
Individual Swearengin  Last Name	Ashley First Name	Other		Name
2600 Fresno Stree	Fresno	(*)	CA	93721
Address	City		State	Zip Code
If "Other" is marked, describe the entity's business	ess activity (if business) or its natu	re and interests		
If applicable, identify the name of each	th source and the amount(	s) solicited or receive	ed by the donor for this	gift:
	_			
Name	\$Amount		Name	Amount
3. Payment Information				
_	.,, 01/25/2	.011 <sub>\$</sub>	Plaque Donated	
Date and Amount of Payment	(month, da	v <sub>_</sub>	(Round to whole dollars)	
Travel Payment Information (Rol	and to whole dollars) Locat	ion of Travel		-
Tarot aymone momadon (not	no to viriolo donaro,			
Date(s) of Travel Transport	\$	\$\$	\$\$	enses S Total Expenses
Provide a specific description				
Maria Shriver presented Mayor / Initiative." Although price of place	Asniey Swearengin with Jue is undetermined due	a personalized pla to personalization	ique for participation i. it may exceed the i	ndividual gift limit. The
FPPC confirmed that donating the	ie plaque to the City of I	Fresno is an accep	table use.	· ·
Identify the officials for who	m the payment was	used:		
-				
			Tale	Department/Division
Last Name	First Name		Title	<u> Берантени Бімізіон</u>
			<del></del>	Department/Divinion
Last Name	First Name		Title	Department/Division
4. Verification				
I have determined that it is in the inte	rests of the agency to acc	ept this gift and use i	t for the official agency	business described above.
11 0 1 11				
Mark Scatt	Mark Scott	City	Manager	2-10-11
Signature of Agency Head or Designee	Print Name	,	Title	(month, day. year)
Comment: (Use this space or an attac	hment for any additional infor	mation.)		
John Time (200 the Space of all allace				