

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Carlsbad

Division, Department, or Region (if applicable)

Street Address

1200 Carlsbad Village Drive, Carlsbad, CA 92008

Area Code/Phone Number

760-434-2821

E-mail

manager@carlsbadca.gov

Agency Contact (name and title)

Lisa Hildabrand, City Manager

RECEIVED California Form 801  
 Date Stamp: 10/12/11  
 For Official Use Only  
 CITY OF CARLSBAD  
 CITY CLERK'S OFFICE  
 Amendment (explain in comment section)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

The Leichtag Family Foundation

Name

5800 Armada Drive, Suite 100

Carlsbad

CA

92008

Address

City

State

Zip Code

Philanthropy

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)

10/11/11

(month, day, year)

\$

\$1,500

(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:


The \$1,500 donation was in support of tuition costs for one City employee to attend the Leadership North County (LNC) program provided by Cal State University - San Marcos.

Identify the officials for whom the payment was used:

Barberio	Gary	CED Director	CED
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.

 Lisa Hildabrand City Manager 10-12-11  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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