Gift to Agency Report	A Public	Document	I CD 181 THE APPLANA	GIFT TO AGENCY REPORT
1. Agency Name			LED IN HIE OFFICE OF Date Stamp	California O 🗸
City of Ontario		•	CITY CLERK	Form OUI
Division, Department, or Region	ı (if applicable)	OF	THE CITY OF ONTARIO, CALIF	For Official Use Only
Economic Development Depa	rtment	н <b>ут</b> ,ио	21 DAY OF SING	209
Street Address			Jours Mit	
303 East B Street, Ontario, CA 91764		<del>anning</del>	City Clerk of the City of Ontario, Californi	a C
Area Code/Phone Number E-	-mail		Amendment (explain	in comment section)
909-395-2000				
Agency Contact (name and title)		······································	Date of Original Filing: (month, day, year)	
Gregory C. Devereaux, City N	1anager			
2. Donor Name and Address				
☐ Individual		□ Other	City of Chino	
Last Name	First Name		,	Vame
13220 Centra Avenue	Chino City		CA State	91710 Zip Code
	•		State	zip dode
If "Other" is marked, describe the entity's bu	el Fund for June Zone Worksho			
If applicable, identify the name of			ad by the departer this a	
if applicable, identity the flame of	sach source and the amount(s) sc	nicited of receive	ed by the donor for this g	111.
***************************************	\$			\$
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Paymen	t (other than travel) June 24, 200		(Round to whole dollars)	***************************************
	(month, day, year		,	
Travel Payment Information	Round to whole dollars) Location	of Travel _Sac	cramento, California	
June 24-25, 2009	283 00 - 191 00		. 212.00	686.00
Date(s) of Travel Transp	283.00 \$ 191.00  portation Expenses Lodging Expenses	_ \$ Meal Exp	\$ 212.00 enses \$ Other Expens	ses Total Expenses
Provide a specific descrip  Identify the officials for wl				onomic Development
Last Name	First Name	<del></del>	Title	Department/Division
Last Name	First Name	***************************************	Title	Department/Division
l. Verification				
I have determined that it is in the i	nterests of the agency to accept ti	hís gift and use i	t for the official agency b	usiness described above.
			,	
Breed	Charant C. Daviens	Oit.	N.A	7/00/0
Signature of Agency Head or Designee	Gregory C. Devereaux Print Name	City	Manager Title	7/20/9 (month, day, year)
	·		(160	prioriting tray, year)
Comment: (Use this space or an at	tachment for any additional informatio	nn.)		