

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

San Mateo County Treasurer-Tax Collector

Division, Department, or Region (if applicable)

Street Address

555 County Center, 1st Floor, Redwood City, CA 94063

Area Code/Phone Number

650-363-4580

E-mail

Agency Contact (name and title)

Sandie Arnott, Treasurer-Tax Collector

**FILED** DATE: FEB 10 2014  
 COUNTY CLERK  
 SAN MATEO COUNTY  
**California Form 801**  
 For Official Use Only  
 FEB 10 2014  
 By: MARK CHURCH, County Clerk  
 DEPUTY CLERK  
 Amendment (explain in comment section)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

CA ASSN of County Treas-Tax Collectors

Name

C/O 1415 L Street, Suite 1000

Sacramento

CA

95814

Address

City

State

Zip Code

(AKA: CACTTC) Non-Profit Association that promotes the interests of the active members and counties they represent  
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)

2/20/13

(month, day, year)

\$

518.00

(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:

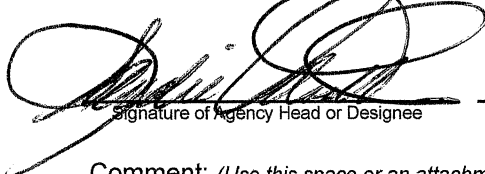
Thank you lunch provided to 60 staff members of the San Mateo County Treasurer-Tax Collector's office for assistance provided in hosting educational conferences over the course of the past 9 years.

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.



Sandie Arnott

Print Name

Treasurer-Tax Collector

Title

2/10/14

(month, day, year)

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