

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

**1. Agency Name**  
 City of Murrieta  
**Division, Department, or Region** (if applicable)  
 Economic Development Department  
**Street Address**  
 1 Town Square, Murrieta, CA 92562  
**Area Code/Phone Number** | **E-mail**  
 951-304-2489 | smanwaring@murrieta.org  
**Agency Contact** (name and title)  
 Sarah Manwaring

**RECEIVED** California Form **801**  
 AUG 06 2013  
 For Official Use Only  
**CITY OF MURRIETA**  
**CITY CLERK'S OFFICE**  
 **Amendment** (explain in comment section)  
**Date of Original Filing:** \_\_\_\_\_  
 (month, day, year)

**2. Donor Name and Address**  
 Individual \_\_\_\_\_  Other Tower Bridge International, LLC  
 Last Name First Name Name  
24801 Monroe Street Room #141 Murrieta CA 92562  
 Address City State Zip Code  
 Facilitate Educational Programs  
 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

**3. Payment Information**  
**Date and Amount of Payment** (other than travel) \_\_\_\_\_ \$ \_\_\_\_\_  
 (month, day, year) (Round to whole dollars)  
**Travel Payment Information** (Round to whole dollars) **Location of Travel** China  
March 2 - 8, 2013 \$ 3609.00 \$ \$1,788.00 and meals \$ \_\_\_\_\_ \$ 5397.00  
 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:**  
 China Education Program. Made numerous presentations regarding the educational exchange program covered by the agreement between the City of Murrieta, the Murrieta Valley Unified School District and Tower Bridge.  
**Identify the officials for whom the payment was used:**  
Coleman Bruce Econ Dev Director Economic Development  
 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.  
R. Dudley Rick Dudley City Manager 8-6-2013  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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