

Gift to Agency Report

A Public Document

FILED

GIFT TO AGENCY REPORT

1. Agency Name

Imperial County

Division, Department, or Region (if applicable)

Ag. Commissioner / Airport.

Street Address

852 Broadway 21 Centro, CA

Area Code/Phone Number

E-mail

760-482-4314

Agency Contact (name and title)

Stephen Birdsell - Ag Commissioner Director of Airports

REGISTRAR OF VOTERS

California Form 801

For Official Use Only

FEB 27 2009

RECEIVED BY

Handwritten initials and date

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Pacificland Int. Development Inc.

Name

Address

City

State

Zip Code

Economic Development

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) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel China

12/7-13/08 \$1000.00 \$500.00 \$500.00 \$ Other Expenses \$ Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Birdsell Stephen Ag Commissioner Director of Airport Ag comm. Airport

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.

Signature of Agency Head or Designee Stephen Birdsell Ag comm Director of Airport 27 Feb 09

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

Gift to Agency Report

A Public Document

FILED GIFT TO AGENCY REPORT

1. Agency Name Imperial County
 Division, Department, or Region (if applicable)
County Executive Office
 Street Address 92227
940 W. Main, Suite 208 El Centro CA
 Area Code/Phone Number 760 482-4290 E-mail
 Agency Contact (name and title) Jerry Santillan, Asst. CEO

Date Registered MAR 02 2009
 REGISTRAR OF **California Form 801**
 RECEIVED BY: EA 3:50 p.m.
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual Last Name First Name Other Pacificland International Development, Inc. Name

Address City State Zip Code

Economic Development
 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) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel China

12-01 to 12-07 \$ 1,000 \$ 500.00 \$ 500.00 \$ N/A \$ 1
 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:

Identify the officials for whom the payment was used:

SANTILLAN Jerry Assistant County Executive Officer
 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.

[Signature] Jerry Santillan Asst. CEO March 2, 2009
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
Division, Department, or Region (if applicable)

County Executive Office
Street Address

940 West Main St. El Centro CA

Area Code/Phone Number

760 482 4290

E-mail

jerrysautillaw@co.imperial.ca.us

Agency Contact (name and title)

Jerry Sautillaw, Assistant CEO

Date Stamp

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MAY 08 2009

REGISTRATION

California Form 801

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dup

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Pacificland Intl. Development Inc.

Name

150 N. Santa Anita Ave Suite 300 Arcadia CA 91006

Address

City

State

Zip Code

Developer of the Imperial Commercial Center - 75 acre commercial project - Hwy 111/Heber Rd.

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) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel China

3-20-09 \$ 1800 \$ 600 \$ 300 \$ 100 \$ 3000
3-30-09
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 trip to China entailed attending seminars in various cities with Chinese government officials, business owners and company leaders to discuss investment opportunities in Imperial County as the Imperial Regional Center.

Sautillaw Jerry Assistant CEO County Executive Office
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.

Signature of Agency Head or Designee Print Name Title Date

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

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
Division, Department, or Region (if applicable)
Human Resources & Risk Management
Street Address
940 W. Main Street, Suite 101
Area Code/Phone Number
760-482-4488
E-mail
rodolfoaguayo@co.imperial.ca.us
Agency Contact (name and title)
Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

REGISTRATION STAMPS

NOV 05 2009

RECEIVED BY: SA 11:26 AM

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other Vision Service Plan
Last Name First Name City State Zip Code
3333 Quality Drive Rancho Cordova CA 95670

Vision benefit plan provider
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) 9/21/2009 \$ 200.00
(month, day, year) (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:

Contribution for lunch at employee health fair 2009.

Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
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.

Signature of Agency Head or Designee Ralph Cordova, Jr. County Executive Officer
Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

REGISTERED DATE: NOV 05 2009

California Form 801 For Official Use Only

County of Imperial

Division, Department, or Region (if applicable)

Human Resources & Risk Management

Street Address

940 W. Main Street, Suite 101

Area Code/Phone Number

760-482-4488

E-mail

rodolfoaguayo@co.imperial.ca.us

Agency Contact (name and title)

Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

RECEIVED BY: SA 11:26 AM

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Other

PRN, LLC

Last Name

First Name

Name

5962 La Place Court, Suite 170

Carlsbad

CA

92008

Address

City

State

Zip Code

Physical Therapy Provider

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)

09/30/2009

(month, day, year)

\$

240.00

(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:

Contribution for lunch at employee health fair 2009

Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM

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.

Signature of Agency Head or Designee

Ralph Cordova, Jr.

Print Name

County Executive Officer

Title

(month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial

FILED Stamp REGISTER OF VOTERS

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Division, Department, or Region (if applicable)

Human Resources & Risk Management

NOV 05 2009

Street Address

940 W. Main Street, Suite 101

RECEIVED BY: [Signature]

Area Code/Phone Number

760-482-4488

E-mail

rodolfoaguayo@co.imperial.ca.us

Amendment (explain in comment section)

Agency Contact (name and title)

Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Southern California Risk Management Asso

Name

313 East Foothill Blvd

Upland

CA

91786

Address

City

State

Zip Code

Workers Compensation Third Party Administrator

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)

10/05/2009

(month, day, year)

\$

250.00

(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:

Contribution for lunch at employee health fair 2009

Identify the officials for whom the payment was used:

Aguayo

Last Name

Rodolfo

First Name

Interim Director

Title

Human Resources & RM

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.

Signature of Agency Head or Designee

Ralph Cordova, Jr.

Print Name

County Executive Officer

Title

(month, day, year)

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

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
 Division, Department, or Region (if applicable)
 Human Resources & Risk Management
 Street Address
 940 W. Main Street, Suite 101
 Area Code/Phone Number | E-mail
 760-482-4488 | rodolfoaguayo@co.imperial.ca.us
 Agency Contact (name and title)
 Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

RECEIVED STAMP VOTERS

NOV 05 2009

RECEIVED BY: [Signature] 11:26 AM

California Form 801

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Dental Health Services
 Last Name First Name Name
 3833 Atlantic Avenue Long Beach CA 90807
 Address City State Zip Code

Dental Health Provider

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) 10/12/2009 \$ 150.00
 (month, day, year) (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:

Contribution for lunch at employee health fair 2009

Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
 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.

[Signature] Ralph Cordova, Jr. County Executive Officer
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
 Division, Department, or Region (if applicable)
 Human Resources & Risk Management
 Street Address
 940 W. Main Street, Suite 101
 Area Code/Phone Number
 760-482-4488
 E-mail
 rodolfoaguayo@co.imperial.ca.us
 Agency Contact (name and title)
 Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

REGISTRATION OF VOTE
 NOV 05 2009
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 11:26 AM

Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual Downing Michael D. Other _____
Last Name First Name Name
928 Springwood Ln Encinitas CA 92024
Address City State Zip Code

On behalf of Principal Financial Group (Dental Benefit Provider)
 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) 10/13/2009 \$ 300.00
(month, day, year) (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:

Contribution for lunch at employee health fair 2009.

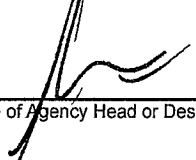
Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
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.

 Ralph Cordova, Jr. County Executive Officer
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
Division, Department, or Region (if applicable)
Human Resources & Risk Management
Street Address
940 W. Main Street, Suite 101

REGISTRATION STAMPS

NOV 05 2009

RECEIVED BY:

California Form 801
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Area Code/Phone Number
760-482-4488
E-mail
rodolfoaguayo@co.imperial.ca.us

Agency Contact (name and title)
Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

Amendment (explain in comment section)

Date of Original Filing:
(month, day, year)

2. Donor Name and Address

Individual or Other Vision Service Plan
Last Name First Name City State Zip Code
3333 Quality Drive Rancho Cordova CA 95670

Vision benefit plan provider
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)
9/21/2009 \$ 200.00
(month, day, year) (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:

Contribution for lunch at employee health fair 2009.

Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
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.

Signature of Agency Head or Designee Ralph Cordova, Jr. County Executive Officer
Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

REGISTERED DATE

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NOV 05 2009

RECEIVED BY: SA 11:26 AM

County of Imperial
Division, Department, or Region (if applicable)
Human Resources & Risk Management
Street Address
940 W. Main Street, Suite 101
Area Code/Phone Number
760-482-4488
E-mail
rodolfoaguayo@co.imperial.ca.us
Agency Contact (name and title)
Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other PRN, LLC
Last Name First Name Name
5962 La Place Court, Suite 170 Carlsbad CA 92008
Address City State Zip Code

Physical Therapy Provider
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) 09/30/2009 \$ 240.00
(month, day, year) (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:

Contribution for lunch at employee health fair 2009

Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
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.

Signature of Agency Head or Designee Ralph Cordova, Jr. County Executive Officer
Print Name Title (month, day, year)

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

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

| | | | |
|--|---|---|--|
| 1. Agency Name County of Imperial | | FILED Stamp REGISTRAR OF VOTERS NOV 05 2009 RECEIVED BY: <i>U:25AM</i> | California 801 Form For Official Use Only |
| Division, Department, or Region (if applicable) Human Resources & Risk Management | | | |
| Street Address 940 W. Main Street, Suite 101 | | | |
| Area Code/Phone Number 760-482-4488 | E-mail rodolfoaguayo@co.imperial.ca.us | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| Agency Contact (name and title) Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt | | | |

2. Donor Name and Address

Individual _____ Other Southern California Risk Management Asso

Last Name: _____ First Name: _____ Name: _____
 313 East Foothill Blvd Upland CA 91786
 Address City State Zip Code

Workers Compensation Third Party Administrator

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) 10/05/2009 \$ 250.00
 (month, day, year) (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:

Contribution for lunch at employee health fair 2009

Identify the officials for whom the payment was used:

| | | | |
|---------------|----------------|-------------------------|---------------------------------|
| <u>Aguayo</u> | <u>Rodolfo</u> | <u>Interim Director</u> | <u>Human Resources & RM</u> |
| 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.

Ralph Cordova, Jr. County Executive Officer
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
 Division, Department, or Region (if applicable)
 Human Resources & Risk Management
 Street Address
 940 W. Main Street, Suite 101
 Area Code/Phone Number | E-mail
 760-482-4488 | rodolfoaguayo@co.imperial.ca.us
 Agency Contact (name and title)
 Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

RECEIVED
 NOV 05 2009
 RECEIVED BY: [Signature]

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 For Official Use Only

Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual _____
 Last Name First Name
 3833 Atlantic Avenue Long Beach CA 90807
 Address City State Zip Code

Other Dental Health Services
 Name
 Dental Health Provider
 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 \$ _____
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 10/12/2009 \$ 150.00
 (month, day, year) (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:

Contribution for lunch at employee health fair 2009

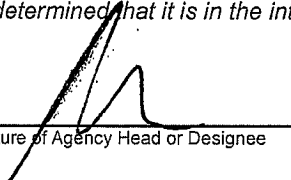
Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
 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.

 Ralph Cordova, Jr. County Executive Officer
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

County of Imperial
Division, Department, or Region (if applicable)
Human Resources & Risk Management
Street Address
940 W. Main Street, Suite 101

REGISTRATION OF VOTER
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11:26 AM

Area Code/Phone Number
760-482-4488
E-mail
rodolfoaguayo@co.imperial.ca.us

Agency Contact (name and title)
Rodolfo Aguayo, Interim Director of Human Resources & Risk Mgmt

Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Downing Michael D. Other
Last Name First Name Name
928 Springwood Ln Encinitas CA 92024
Address City State Zip Code

On behalf of Principal Financial Group (Dental Benefit Provider)

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) 10/13/2009 \$ 300.00
(month, day, year) (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:

Contribution for lunch at employee health fair 2009.

Identify the officials for whom the payment was used:

Aguayo Rodolfo Interim Director Human Resources & RM
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.

Signature of Agency Head or Designee Ralph Cordova, Jr. County Executive Officer
Print Name Title (month, day, year)

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