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Gift to Agency Report	A Public	Documen	t <u>eceiven</u>	GIFT TO AGENCY REP
Agency Name			Date Stamp	Callifornia OO
Centre City Developm	ent Corporation			Form
Division, Department, or Reg	gion (if applicable)	08	AUGI8 AK 9:05	For Official Use Only
401 B Street, Suite 400		Ċ	NUDITOD DALLE	
Street Address			AN DIEGO, CALIF.	
San Diego, CA 92101			\$	
Area Code/Phone Number	E-mail			<u> </u>
619-533-7130	alessi@ccdc.com		Amendment (explain i	n comment section)
Agency Contact (name and title)		Date of Original Filing:	
				(month, day, year)
Frank J. Alessi, VP & , Donor Name and Addre	and a second			
				ч. Х
Maas,	First Name	_ Other		lame
	0 D.		CA	92127
Address	City		State	Zip Code
N/A Name	\$ Amount	. .	Name	\$Amount
Name . Payment Information				Amount
Name	07 00 00		Name 3,000 (Round to whole dollars)	\$Amount
Name . Payment Information Date and Amount of Paym			3,000 (Round to whole dollars)	\$Amount
Name Payment Information Date and Amount of Paym Travel Payment Information	nent (other than travel) 07–22–08 (month, day, yea on (Round to whole dollars) Location	of Travel	3,000 (Round to whole dollars) N/A	· · · · · · · · · · · · · · · · · · ·
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Name Payment Information Date and Amount of Paym Travel Payment Information Date(s) of Travel Provide a specific desci- Desk, Chair, Crede Identify the officials for	nent (other than travel) 07-22-08 (month, day, year on (Round to whole dollars) Location ansportation Expenses ription of the nature and use enza, and Bookcase for o whom the payment was use	of Travel \$ e of the paym ffice use.	3,000 (Round to whole dollars) N/A penses \$	es Total Expenses
Name Payment Information Date and Amount of Paym Travel Payment Information Date(s) of Travel Provide a specific desci Desk, Chair, Crede Identify the officials for	nent (other than travel) <u>07-22-08</u> (month, day, year on (Round to whole dollars) Location ansportation Expenses ription of the nature and use enza, and Bookcase for o	of Travel \$ e of the paym ffice use.	3,000 (Round to whole dollars) N/A penses \$	es Total Expenses

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Signature of Agency Head or Designee	Frank J. Alessi	VP & CFO	August 15, 2008
	Print Name	Title	(month, day, year)

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

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