

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp APR 30 2014	California Form 801 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address State Capitol, Sacramento, CA 95814		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (916) 445-0210	E-mail		
Agency Contact (name and title) Julie Lee, Director of Operations			

2. Donor Name and Address

Individual _____ Other CA Association of Highway Patrolmen

Last Name: _____ First Name: _____ Name: _____
 P.O. Box 161209 Sacramento CA 95816
 Address City State Zip Code

Organization representing officers with the California Highway Patrol
 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 Fresno, CA

02/24/2014 \$ 567 \$ _____ \$ _____ \$ _____ \$ _____
 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 donation of this flight allowed the Governor to attend the funeral of a fallen CHP officer.

Identify the officials for whom the payment was used:

<u>Brown Jr.</u>	<u>Edmund G.</u>	<u>Governor</u>	<u>Governor's Office</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.

Julie Lee Julie Lee Director of Operations 4-30-14
 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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1. Agency Name Governor's Office		Date Stamp APR 30 2014	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address State Capitol, Sacramento, CA 95814			
Area Code/Phone Number (916) 445-0210	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Julie Lee, Director of Operations		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Driscoll's

Last Name First Name Name

PO Box 50045 Watsonville CA 95007
Address City State Zip Code

Agriculture

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 Visalia

02/12/2014 \$ 1100 \$ _____ \$ _____ \$ _____ \$ _____
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 donation of this flight allowed the Governor to fly to Tulare, where he attended the Ag Expo and met with farmers concerning the drought.

Identify the officials for whom the payment was used:

<u>Brown Jr.</u> Last Name	<u>Edmund G.</u> First Name	<u>Governor</u> Title	<u>Governor's Office</u> 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.

Julie Lee Julie Lee Director of Operations 4-30-14
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		Date Stamp MAY 16 2014	California Form 801 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address State Capitol, Sacramento CA 95814			
Area Code/Phone Number (916) 445-0210	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Julie Lee, Director of Operations		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other California State Sheriff's Association

_____ Last Name First Name _____ Name
 1231 I Street, Suite 200 Sacramento CA 95814
 Address City State Zip Code

Nonprofit professional organization representing California State Sheriffs

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 Santa Monica to San Luis Obispo

_____ 4/30/14 \$ 1500 \$ _____ \$ _____ \$ _____ \$ _____
 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 donation of this flight allowed the Governor to attend a meeting of the California State Sheriffs Association.

Identify the officials for whom the payment was used:

Brown Jr. Edmund G. Governor Governor's Office
 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.

Julie Lee Julie Lee Director of Operations 5-16-14
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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