

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Legislature		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Joint Rules Committee/Furnishings Program			
Street Address 1020 N Street, Room 255			
Area Code/Phone Number 916-651-1504	Email n/a	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Koren R. Benoit, Capitol Curator		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Rein Gail Other _____
Last Name First Name Name

8574 Meandering Way Antelope CA 95849
Address City State Zip Code

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) received by the donor for this payment:

_____ \$ _____ Name \$ _____
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 10/3/19 \$ 475.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Antique hand-rubbed walnut cabinet, constructed without nails or screws. The cabinet measures 48" wide x 16" deep x 36 1/2" high.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

No specific individual. The cabinet will be used along with other pieces in the furnishings collection
Last Name First Name Position/Title Department/Division

and placed where needed.
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Erika Contreras Erika Contreras Secretary of the Senate 10.3.19
Signature Print Name Title (month, day, year)

Debra Gravert Debra Gravert Assembly Rules CAO 10-7-19
Signature Print Name Title (month, day, year)

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