	A Public Docur	nent	GIFT TO AGENCY REPORT
1. Agency Name		Date Stamp	California OOA
California Legislature		Data Stamp	Form 8U 1
Division, Department, or Region	on (if applicable)		For Official Use Only
Joint Rules Committee/Capit	tol Art Program		
Street Address	- William Co.	· ·	
1020 N Street, Room 255			·
Area Code/Phone Number	E-mail	Amendment (explain	in in commont coolies.
916/651-1504	none	☐ Amendment (exhia	in in comment section)
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Koren Benoit, Historic Capito	ol Curator		(monus, day, your)
2. Donor Name and Address	s		
⊠ Individual Regli	Linda	Other	
Last Maille .	First Name	J(1161	Name
8207 Treecrest Avenue	Fair Oaks	CA	95628
Addless	City	State	Zip Code
If "Other" is powered, describe the continue (and the first transfer of the state of the s		
	pusiness activity (if business) or its nature and interests.		
If applicable, identify the name of	feach 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 Payme	nt (other than travel) 3/4/13 \$	500.00	•
·	(month, day, year)	(Round to whole dollars)	
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