

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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: _____ \$ 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
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

and placed where needed.

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

	<u>Erika Contreras</u>	<u>Secretary of the Senate</u>	<u>10.3.19</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>
<u>Debra Gravert</u>	<u>Assembly Rules CAO</u>	<u>10-7-19</u>	
<small>Comment:</small>			

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

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