

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

For Official Use Only

California State Senate

Division, Department, or Region (if applicable)

Senate - Legislature

Street Address

Room 416 State Capitol

Area Code/Phone Number

E-mail

916-651-4150

glenda.smith@sen.ca.gov

Agency Contact (name and title)

Glenda Smith, Deputy Director of Fiscal

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Community College League of California

Name

1115 Eleventh Street

Sacramento

CA

95814

Address

City

State

Zip Code

education, diversity and growth in the economy

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:

William & Flora Hewlett Foundation

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

05/12/2010

\$

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Seattle Washington

April 25-27, 2010

\$

\$1,297

\$

Lodging Expenses

\$

Meal Expenses

\$

Other Expenses

\$

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Staff travel only

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.

Signature of Agency Head or Designee

Gregery Schmidt

Print Name

Secretary of the Senate

Title

05/20/2010

(month, day, year)

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