

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office		Date Stamp RECEIVED OCT 21 2014 GOVERNORS OFFICE LEGAL AFFAIRS	California Form 801 For Official Use Only
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 San Bernardino County Sheriff

_____ Last Name First Name Name

655 East Third Street San Bernardino CA 92415

Address City State Zip Code

County Sheriff

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 Sacramento to Weed to Oakland

8/21/2014 \$ 1039 \$ _____ \$ _____ \$ _____ \$ _____
 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 Director of Operations 10-21-14
 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
Division, Department, or Region (if applicable)

Street Address
State Capitol, Sacramento CA 95814

Area Code/Phone Number
(916) 445-0210
E-mail

Agency Contact (name and title)
Julie Lee, Director of Operations

RECEIVED

Date Stamp

SEP 30 2015

GOVERNORS OFFICE
LEGAL AFFAIRS

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Other United Brotherhood of Carpenters

101 Constitution Ave., NW Washington DC 20001

Industry Group

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 South Lake Tahoe, CA to Las Vegas, NV

August 24, 2015 \$ 10,254.13 \$ \$ \$ 10,254.13
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 speak at the United Brotherhood of Carpenters' General Convention. The Governor was in South Lake Tahoe for the Lake Tahoe Summit

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 9-30-15
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 RECEIVED SEP 30 2015 GOVERNORS OFFICE LEGAL AFFAIRS	California 801 Form For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol, Sacramento CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
(916) 445-0210		Date of Original Filing: _____	
Agency Contact (name and title)		(month, day, year)	
Julie Lee, Director of Operations			

2. Donor Name and Address

Individual _____ Other Allen & Co.

Last Name: _____ First Name: _____ Name: _____
 Address: 1401 South Florida Avenue City: Lakeland State: FL Zip Code: 33803

Investment Bank

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) _____ \$ _____

Travel Payment Information (Round to whole dollars) Location of Travel Toronto, Canada to Sun Valley, Idaho

<u>July 8, 2015</u>	\$ <u>56,440</u>	\$ <u>784</u>	\$ _____	\$ _____	\$ <u>57,224</u>
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 and his Press Secretary to attend the Allen & Co. Sun Valley Retreat, where the Governor spoke. The Governor and his Press Secretary has been in Toronto for the Climate Summit of the Americas

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
<u>Westrup</u>	<u>Evan</u>	<u>Press Secretary</u>	<u>Governor's Office</u>
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 _____ Director of Operations _____ 9-30-15
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

See Attached.

Comment to Form 801, submitted by the Governor's Office on September 30, 2015:

The valuation of the flight was based on the cost of chartering a flight, as required by the Commission's Regulations. (FPPC Regulation 18946.5.) The actual cost to Allen & Co. was much lower, as they own the plane on which the Governor travelled.