Gift to Agency Report	A Pub	lic Document	t	GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 801
Division, Department, or Region (if applicable)				For Official Use Only
		<u> </u>		
Street Address				
Area Code/Phone Number	E-mail			
			Amendment (explain	in in comment section)
Agency Contact (name and title)			Date of Original Filing:(month, day, year)	
2. Donor Name and Addres	s			
☐ Individual		Dther		
Last Name	First Name			Name
Address	City		State	Zip Code
If "Other" is marked, describe the entity's b	pusiness activity (if business) or its natur	re and interests.		3
If applicable, identify the name of	f each source and the amount(s	s) solicited or receive	ed by the donor for this	aift:
	± .		•	3
Name	\$Amount	+ + ==	Name	\$Amount
3. Payment Information	-			
Date and Amount of Payme Travel Payment Information	(month, day	(, year)	200.00 (Round to whole dollars)	_
maver ayment information	(Round to whole dollars) LOCALI	on of fravel		
Date(s) of Travel	sportation Expenses Lodging Expe	SS	s Other Exper	S Total Expenses
Provide a specific descrip				
Registration for CEDAW lunc				
Identify the officials for w	hom the payment was u	ısed:		
Jeffers	Michelle	CPP Chief	91	FPL
Last Name	First Name		Title	Department/Division
Last Name	First Name		litle	Department/Division
. Verification	- a			
I have determined that it is in the	interests of the agency to acce	ot this gift and use it	for the official agency b	ousiness described above.
Marylastor	Maureen Singleton		Operating Officer	11.4.19
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an a	ttachment for any additional inform	ation.)	-	
5		,		