Gift to Agency Report	A Public	Document	GIFT TO AGENCY REPORT	
1. Agency Name		Date Stamp	California 801	
Division, Department, or Region (if applied	cable)		For Official Use Only	
Street Address				
Area Code/Phone Number E-mail		Amendment (ex	plain in comment section)	
Agency Contact (name and title)		Date of Original Fili	ng:(month, day, year)	
2. Donor Name and Address				
☐ Individual	lividual Other		Name	
Address	City	State	Zip Code	
If "Other" is marked, describe the entity's business act	ivity (if business) or its nature a	nd interests.		
If applicable, identify the name of each so	urce and the amount(s) s	solicited or received by the donor for the	nis gift:	
Name	\$Amount	Name	\$Amount	
3. Payment Information				
Date and Amount of Payment (other the Travel Payment Information (Round to	(month, day, ye			
Provide a specific description of		S Meal Expenses Other E		
Identify the officials for whom th	ne payment was us	ed:	Department/Division	
Last Name	First Name	Title	Department/Division	
	First Name	Hae	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 agen	cy business described above.	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment: (Use this space or an attachment	nt for any additional informat	tion.)		