Gift to Agency Report	A Public Docur	nent	GIFT TO AGENCY REPOR	
1. Agency Name		Date Stamp	California 201	
California Legislature		1000000 1000000	Form OU	
Division, Department, or Reg	gion (if applicable)		For Official Use Only	
Joint Rules Committee/Ca	pitol Art Program			
Street Address				
1020 N Street, Room 255			9	
Area Code/Phone Number	E-mail	Amendment (explain	in comment section)	
916/651-1504	n/a		Detect Original Filings	
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)	
Koren Benoit, Historic Cap	itol Curator			
2. Donor Name and Addre	ess			
✓ Individual Triolo Last Name	Dean Dean	Other		
	First Name		Name 00004	
3928 E Verde Court	Long Beach	CA State	90804 Zip Code	
Address				
If "Other" is marked describe the entity	's business activity (if business) or its nature and interests.			
		received by the denor for this s	nift-	
If applicable, identity the name	e of each source and the amount(s) solicited or	received by the donor for this g	jiit.	
	\$		\$	
Name	Amount	Name	Amount	
	nent (other than travel) 8/2/13 \$ (month, day, year) \$ on (Round to whole dollars) Location of Trave	2,000 (Round to whole dollars)		
Date(s) of Travel	S \$ \$ \$ \$ \$	Meal Expenses S Other Exper	S Total Expenses	
	cription of the nature and use of the			
35	el, "Expectations Yellow" by Dean Triolo			
Identify the officials for	r whom the payment was used:			
No specific	individual. The artwork	will be rotated	with other Department/Division	
Last Name	3 25			
	e Capitol Art Program per			
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 ar	nd use it for the official agency t	business described above	
yung P. Se	Greg Schmidt	Secretary of the Senate	8/9/13	
Signature of Andory Head or Designature	gnee Print Name	Title	(month, day, year) 8/9/13	
Comment: (Use this space or	> Jon Waldie an attachment for any additional information.)	Assembly CAO		
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