

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California Legislature			
Division, Department, or Region (if applicable) Joint Rules Committee/Capitol Art Program			
Street Address 1020 N Street, Room 255			
Area Code/Phone Number 916/651-1504	E-mail None	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Koren Benoit, Historic Capitol Curator			

2. Donor Name and Address

Individual Hird Nancy Other _____
Last Name First Name Name

25877 Westview Way Hayward CA 95442
Address City State Zip Code

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) 4/19/10 \$ 200
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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:

Framed oil painting, Governor's Mansion, by Oakland artist Lowell Antoine Hecking (1908-1994)

Identify the officials for whom the payment was used:

No specific individual. The artwork will be rotated with other

Last Name First Name Title Department/Division
 pieces in the Capitol Art Program permanent collection.

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.

Greg Schmidt Greg Schmidt Secretary of the Senate 3/22/10
Signature of Agency Head or Designee Print Name Title (month, day, year)

Jon Waldie Jon Waldie JRC CAO 3/30/10
Signature of Agency Head or Designee Print Name Title (month, day, year)

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