

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Assembly Committee on Rules			
Division, Department, or Region (if applicable)			
California State Assembly			
Street Address			
State Capitol, Room 3016, Sacramento, CA			
Area Code/Phone Number	E-mail		
(916) 319-2800	Jon.Waldie@asm.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	
Jonathon Waldie, Chief Administrative Officer			

2. Donor Name and Address

Individual _____ Other National Assembly - Republic of Armenia

_____ Last Name _____ First Name _____ Name _____

National Assembly, 19 Baghramyan Yerevan 0095

Address _____ City _____ State _____ Zip Code _____

Presented by National Assembly President Hovik Abrahamyan on behalf of the People of Armenia.

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) 9/23/2013 \$ 3,000 - 4,900

(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:


Authentic "Megerian" handwoven rug, # T36, design "Ani", Armenian Collection 205 cm x 302 cm. Presented to the Sthe People of California represented by the Speaker of the Assembly.

Identify the officials for whom the payment was used:

<u>Pérez</u>	<u>John A.</u>	<u>Speaker of the Assembly</u>	<u>California State Assembly</u>
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.

	<u>Jonathon Waldie</u>	<u>Ch. Assembly Rules</u>	<u>10-2-13</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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