

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Legislature Division, Department, or Region (if applicable) Joint Rules Committee/Capitol Art Program Street Address 1020 N Street, Suite 255 Area Code/Phone Number Email 916-651-1504 n/a Agency Contact (name and title) Koren R. Benoit, Capitol Curator		Date Stamp California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual Lewis Carol Other _____

Last Name First Name Name

5342 E. Abbeyfield Street Long Beach CA 90815

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) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

11/4/17 \$ 3,100.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Framed oil portraits (2) of Governor/Senator George C. Perkins and wife Ruth (Parker) Perkins
Framed photo collage (1) of State Legislators who re-elected Perkins to the U.S. Senate in 1897

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

No specific individual. The artwork will be rotated with other

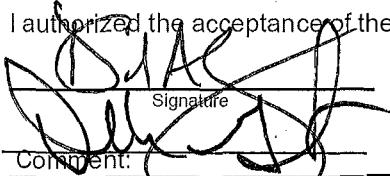
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

pieces in the Capitol Art Program permanent collection.

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	<u>Daniel Alvarez</u>	<u>Secretary of the Senate</u>	<u>11/17/17</u>
Signature	Print Name	Title	(month, day, year)
<u>Debra Gravert</u>	<u>Assembly CAO</u>		<u>11/17/17</u>
Comment:			(month, day, year)

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