

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Legislature		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Joint Committee on Rules/Furnishings Program			
<b>Street Address</b> 1020 N Street, Room 255, Sacramento, CA 95814			
<b>Area Code/Phone Number</b> 916-651-1504	<b>Email</b> n/a	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) Koren R. Benoit, Capitol Curator		<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Donor Name and Address**

Individual Rinaldi Janeanne  Other \_\_\_\_\_  
Last Name First Name Name

5135 Camino Floral Santa Barbara CA 93111  
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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

**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:** \_\_\_\_\_ Dates (month, day, year)    \$ 200.00 Total Expenses

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

Two original Assembly "tub" chairs, gifted to the donor's grandfather, former Assembly Speaker Sam L. Collins upon his leaving office. Collins served as Speaker from 1947-1952.


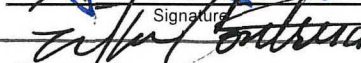
**3.3. Identify the officials who used the payment in Section 3.1** (See instructions)

No specific individual. The chairs will be used along with other pieces in  
Last Name First Name Position/Title Department/Division

the furnishings collection, and placed where needed and appropriate.  
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>Debra Gravert</u>	<u>Assembly CAO</u>	<u>2/11/2020</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>
	<u>Erika Contreras</u>	<u>Secretary of the Senate</u>	<u>2/13/2020</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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