Gift to Agency Report

1. Agency Name
   Governor's Office
   Division, Department, or Region (if applicable)

   Street Address
   State Capitol, Sacramento, CA 95814

   Area Code/Phone Number      E-mail
   (916) 445-0210

   Agency Contact (name and title)
   Julie Lee, Director of Operations

   Date Stamp
   APR 30 2014

   Amendment (explain in comment section)
   Date of Original Filing: (month, day, year)

2. Donor Name and Address

   ☑ Individual            Last Name  First Name  ☑ Other
   CA Association of Highway Patrolmen
   P.O. Box 161209
   Sacramento, CA 95816

   Address
   City
   State
   Zip Code

   Organization representing officers with the California Highway Patrol
   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information

   Date and Amount of Payment (other than travel) (month, day, year) $ (Round to whole dollars)

   Travel Payment Information (Round to whole dollars) Location of Travel Fresno, CA

   Date(s) of Travel Transportation Expenses $567 $ 02/24/2014
   Lodging Expenses $  
   Meal Expenses $  
   Other Expenses $  
   Total Expenses $  

   Provide a specific description of the nature and use of the payment for official agency business:
   The donation of this flight allowed the Governor to attend the funeral of a fallen CHP officer.

   Identify the officials for whom the payment was used:

   Brown Jr.          Edmund G.          Governor          Governor's Office
   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.

   Signature of Agency Head or Designee
   Julie Lee
   Print Name
   Director of Operations
   Title

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

   FPPC Form 801 (June/08)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Gift to Agency Report

1. Agency Name
   Governor's Office
   Division, Department, or Region (if applicable)

   Street Address
   State Capitol, Sacramento, CA 95814

   Area Code/Phone Number (916) 445-0210
   E-mail

   Agency Contact (name and title)
   Julie Lee, Director of Operations

2. Donor Name and Address
   ☑ Individual
   ☑ Other
   Driscoll's
   PO Box 50045
   Watsonville
   CA 9507
   Address
   City
   State
   Zip Code
   Agriculture

   If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

3. Payment Information

   Date and Amount of Payment (other than travel)
   (month, day, year) $ (Round to whole dollars)

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

   Date(s) of Travel
   02/12/2014
   Transportation Expenses $ 1100
   Lodging Expenses $
   Meal Expenses $
   Other Expenses $
   Total Expenses $

   Provide a specific description of the nature and use of the payment for official agency business:

   The donation of this flight allowed the Governor to fly to Tulare, where he attended the Ag Expo and met with farmers concerning the drought.

   Identify the officials for whom the payment was used:

   Brown Jr. Edmund G. Governor Governor's Office
   Last Name First Name Title Department/Division

   Last Name First Name Title

   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.

   Julie Lee
   Signature of Agency Head or Designee

   Julie Lee
   Print Name

   Director of Operations

   4-30-14
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information.)
Gift to Agency Report

1. Agency Name
   Governor's Office
   Division, Department, or Region (if applicable)

   Street Address
   State Capitol, Sacramento CA 95814

   Area Code/Phone Number   E-mail
   (916) 445-0210

   Agency Contact (name and title)
   Julie Lee, Director of Operations

2. Donor Name and Address
   ☐ Individual
   ☑ Other California State Sheriff's Association

   1231 I Street, Suite 200
   Sacramento
   CA
   95814

   Nonprofit professional organization representing California State Sheriffs
   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)  $ (Round to whole dollars)
   Travel Payment Information (Round to whole dollars)
   Location of Travel
   Santa Monica to San Luis Obispo

   4/30/14
   Date(s) of Travel         $ Transportation Expenses
   $ 1500
   $ Lodging Expenses
   $ Meal Expenses
   $ Other Expenses
   $ Total Expenses

   Provide a specific description of the nature and use of the payment for official agency business:
   The donation of this flight allowed the Governor to attend a meeting of the California State Sheriffs Association.

   Identify the officials for whom the payment was used:

   Brown Jr.               Edmund G.               Governor
   Last Name                First Name                Title

   Governor's Office
   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.

   Signature of Agency Head or Designee: Julie Lee
   Print Name: Julie Lee
   Title: Director of Operations
   Date: 5-16-14
   (month, day, year)

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