



OFFICE OF THE GOVERNOR

October 30, 2017

Fair Political Practices Commission

IMS Code: D-23

428 J Street, Suite 800

Sacramento, CA 95814

RE: Gift to Agency Report Form 801

Dear Fair Political Practices Commission:

Enclosed please find three Gift to Agency Report Form 801s signed by Julie Lee, Director of Operations for purposes of filing. Please contact me at (916) 445-0873 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Calabretta'.

DANIEL J. CALABRETTA

Deputy Legal Affairs Secretary

Enclosures

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office		Date Stamp RECEIVED SEP 14 2017 GOVERNOR'S OFFICE LEGAL AFFAIRS	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address State Capitol, Sacramento CA 95814			
Area Code/Phone Number (916) 445-0210	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Julie Lee, Director of Operations		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other CA Crime Prevention Officers' Association

_____ Last Name _____ First Name _____ Name

1017 L Street #155 Sacramento CA 95814

Address City State Zip Code

CCPOA describes itself as a prime Crime Prevention resource for law enforcement agencies across the state.
 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

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 Sacramento to Crescent City

8/16/17 \$ 6777.38 \$ _____ \$ _____ \$ _____ \$ 6777.38
 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:

The donation of this flight allowed the Governor and staff to tour Pelican Bay State Prison.

Identify the officials for whom the payment was used:

Brown Jr.	Edmund G.	Governor	Governor's Office
_____ Last Name	_____ First Name	_____ Title	_____ Department/Division
Sabelhaus	Nettie	Senior Advisor	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.

 Julie Lee Director of Operations 9/14/17
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Also accompanying the Governor was Scott Kernan, Secretary of of the CA Dept. of Corrections and Rehabilitation.

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GIFT TO AGENCY REPORT

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Division, Department, or Region (if applicable)			
Street Address State Capitol, Sacramento CA 95814			
Area Code/Phone Number (916) 445-0210	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Julie Lee, Director of Operations		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Governor's Cup Foundation

_____ Last Name _____ First Name _____ Name _____

755 Riverpoint Drive _____ West Sacramento _____ CA _____ 95605

Address _____ City _____ State _____ Zip Code _____

A 501(c)(3) that provides a forum for open discussion of ideas on public policy, scientific and humanitarian issues.
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

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 Sacramento to Monterey

7/14/17 \$ 7574.20 \$ _____ \$ _____ \$ _____ \$ 7574.20
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:
The donation of this flight allowed the Governor to attend the Governor's Cup in Pebble Beach.

Identify the officials for whom the payment was used:

<u>Brown Jr.</u> Last Name	<u>Edmund G.</u> First Name	<u>Governor</u> Title	<u>Governor's Office</u> Department/Division
<u>Gust Brown</u> Last Name	<u>Anne</u> First Name	<u>Special Counsel</u> Title	<u>Governor's Office</u> 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.

Julie Lee _____ Julie Lee _____ Director of Operations _____ 9/14/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Kathy Baldree, the Governor's Director of Scheduling, was also on the flight.

Payment to Agency Report

A Public Document

PAYMENT 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

Email

Agency Contact (name and title)

Julie Lee, Director of Operations

Date Stamp RECEIVED

OCT 30 2017

GOVERNOR'S OFFICE LEGAL AFFAIRS

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Marcus George Other 777 S. California Ave. Palo Alto CA 94304

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 Nome, AK and Vladivostok, Russia 9/3/17-9/8/18 Usonia Ventures, LLC Rail Air Bus Auto Other 56,645.54

3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. The donation of this flight allowed the Governor and his staff to attend the Eastern Economic Forum in Vladivostok, Russia, and to meet in Nome, Alaska with scientists and researchers studying the impacts of climate change, all at no cost to the state.

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

Brown Jr. Edmund G. Governor Governor's Office Westrup Evan Press Secretary Governor's Office

4. Verification

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

Signature Julie Lee Director of Operations 10/30/17

Comment: Director of Scheduling Kathy Baldree and Director of Externa Affairs Jamie Callahan also used the payment.

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