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,

[Signature]

Daniel J. Calabretta
Deputy Legal Affairs Secretary

Enclosures
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
   Last Name
   First Name
   Address
   City
   CA 95814
   State
   Zip Code
   CA Crime Prevention Officers' Association
   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
   Date(s) of Travel
   Transportation Expenses $ 6777.38
   Lodging Expenses $ Meal Expenses $ Other Expenses $ Total Expenses $ 6777.38
   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. Last Name
   Edmund G. First Name
   Sabelhaus Last Name
   Nettie First Name
   Governor Title
   Governor's Office Department/Division
   Senior Advisor Title
   Governor's Office 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
   (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.
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

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

2. Donor Name and Address

   ☑ Individual
   ☐ Other

   Last Name
   First Name
   Governor's Cup Foundation

   755 Riverpoint Drive
   West Sacramento
   CA

   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

   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
   Date(s) of Travel

   Transportation Expenses
   $ 7574.20

   Lodging Expenses
   $ 7574.20

   Meal Expenses
   $ 7574.20

   Other Expenses
   $ 7574.20

   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:

   Brown Jr.
   Last Name

   Edmund G.
   First Name

   Governor
   Title

   Gust Brown
   Last Name

   Anne
   First Name

   Special Counsel
   Title

   Governor’s Office
   Department/Division

   Governor’s Office
   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

   (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.

FPPC Form 801 (June/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (656/275-3772)
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

2. Donor Name and Address
   Person Name: Marcus
   First Name: George
   Last Name: Palo Alto
   City: CA
   State: 94304
   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
   Location of Travel
   Nome, AK and Vladivostok, Russia
   Dates (month, day, year)
   9/3/17-9/8/18

   Transportation Provider
   Usonia Ventures, LLC
   Rail: ☑
   Air: ☑
   Bus: ☐
   Auto: ☐
   Other: ☐

   Lodging Expenses: $56,645.54
   Meal Expenses: $56,645.54
   Transportation Expenses: $56,645.54
   Other Expenses: $56,645.54

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

   Total Expenses

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

   The donation 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.
   Last Name: Edmund G.
   First Name: Governor
   Position/Title: Governor's Office
   Department/Division:

   Westrup
   Last Name: Evan
   First Name: Press Secretary
   Position/Title: Governor's Office
   Department/Division:

4. Verification

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

   Signature: Julie Lee
   Print Name: Director of Operations
   Title: 10/30/17
   (month, day, year)

   Comment: Director of Scheduling Kathy Baldree and Director of Extern Affairs Jamie Callahan also used the payment.
(Use this space or an attachment for any additional information)