

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Department of Consumer Affairs Division, Department, or Region (if applicable) Legal Affairs Street Address 1625 N. Market Blvd., Suite S 309 Area Code/Phone Number E-mail (916) 574-8220 Albert_Balingit@dca.ca.gov Agency Contact (name and title) Albert Balingit		Date Stamp <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	California Form 801 For Official Use Only
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2. Donor Name and Address

Individual _____ Other California District Attorneys Association

Last Name: _____ First Name: _____ Name: _____
 921 11th Street, Suite 300 Sacramento CA 95814
 Address City State Zip Code

Seminars and conferences for district attorneys and consumer protection officials.

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) 6/18/2010 \$ 603
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Monterey, California

<u>4/27/10-4/30/10</u>	\$ <u>186</u>	\$ <u>366</u>	\$ <u>0</u>	\$ <u>51</u>	\$ <u>603</u>
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:

Attendance at Consumer Protection Prosecution Conference. Three nights lodging at \$110 plus tax per night. An Excess Lodging Rate Request was filed in advance. \$51 for parking. \$186 for transportation expense.

Identify the officials for whom the payment was used:

<u>Barker</u>	<u>Shela</u>	<u>Staff Counsel</u>	<u>Legal Affairs</u>
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.

	<u>Doreathea Johnson</u>	<u>Deputy Director, Legal Affairs</u>	<u>08/10/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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