

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Department of Consumer Affairs			
Division, Department, or Region (if applicable) Legal Affairs			
Street Address 1625 N. Market Blvd., Suite S-309, Sacramento, CA 95825			
Area Code/Phone Number (916) 574-8220	E-mail michael.santiago@dca.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Michael Santiago		Date of Original Filing: _____ (month, day, year)	

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
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3. Payment Information

Date and Amount of Payment (other than travel) 6/8/2012 \$ \$1,259
(month, day, year) (Round to whole dollars)

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

<u>4/24/12-4/27/12</u>	\$ <u>413</u>	\$ <u>732</u>	\$ <u>0</u>	\$ <u>114</u>	\$ <u>1259</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.

Identify the officials for whom the payment was used:

<u>Johnson</u>	<u>Doreathea</u>	<u>Deputy Director</u>	<u>Legal Affairs</u>
Last Name	First Name	Title	Department/Division
<u>Renteria</u>	<u>Simone</u>	<u>Attorney</u>	<u>Legal Affairs</u>
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.

Denise Brown Denise Brown Director of Consumer Affairs 6/21/12
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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