Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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: (916) 574-8220

E-mail: Albert_Balingit@dca.ca.gov

Agency Contact *(name and title)*

Albert Balingit

☐ **Amendment** *(explain in comment section)*

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

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☒ Other California District Attorneys Association (Name)

921 11th Street, Suite 300 (Address) Sacramento (City) CA (State) 95814 (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 *(month, day, year)* $ 603 *(Round to whole dollars)*

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

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
4/27/10-4/30/10	$186	$366	$0	$51	$603

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:

Last Name	First Name	Title	Department/Division
Maynard	James	Staff Counsel	Legal Affairs

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.

Doreathea Johnson (Signature of Agency Head or Designee) Doreathea Johnson (Print Name) Deputy Director, Legal Affairs (Title) 08 12 10 *(month, day, year)*

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