Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

Secretary of State

Division, Department, or Region *(if applicable)*

Street Address

1500 11th Street, Sacramento CA 95814

Area Code/Phone Number: 916-653-6974

E-mail: frederick.radcliffe@sos.ca.gov

Agency Contact *(name and title)*: Frederick Radcliffe, Filing Officer

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

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

2. Donor Name and Address

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

☒ Other California Partnership to End Domestic Viole (Name)

PO Box 1798 (Address) | Sacramento (City) | CA (State) | 95812 (Zip Code)

501c3 organization to advocate for and provide referrals to victims of domestic violence in California

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)* 10/10/12 *(month, day, year)* $ 702.00 *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** San Diego, CA

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
9/12/12-9/14/12	$454	$248	$0	$0	$702

Provide a specific description of the nature and use of the payment for official agency business:

Reimbursement to agency for travel and lodging expenses incurred for the attendance of one (1) Secretary of State, Safe At Home employee at the annual membership meeting of the California Partnership to End Domestic Violence. The Safe At Home program is a confidential mail forwarding program for victims of domestic violence residing in CA.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Bawden	Jennifer	Manager, Safe At Home	Secretary of State

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.

[redacted] (Signature of Agency Head or Designee) | Kimberly L Gauthier (Print Name) | Acting Deputy Secretary of St (Title) | 4/8/13 *(month, day, year)*

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

The Safe At Home program is a member of the California Partnership to End Domestic Violence.