Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form **801**

For Official Use Only

Date Stamp

1. Agency Name

Governor's Office

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

Street Address

State Capitol

Area Code/Phone Number

(916) 445-0873

E-mail

Agency Contact *(name and title)*

Dan Maguire, Deputy Legal Affairs Secretary

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

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

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☒ Other Navis Pack & Ship — Name

Address	City	State	Zip Code
11415 Sunrise Gold Circle, #10	Rancho Cordova	CA	95742

shipping

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)* 4 2 09 *(month, day, year)* $ 450 *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** _____

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:

Navis Pack and Ship provided local shipping of a bear statue to the Capitol.

Identify the officials for whom the payment was used:

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.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
[signature]	Susan Kennedy	Chief of Staff	4/20/09

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