

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California State Senate			
Division, Department, or Region (if applicable) California Legislative Black Caucus			
Street Address State Capitol, Sacramento, CA 95814			
Area Code/Phone Number 916-651-1507	Email erin.peth@sen.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Erin Peth, Chief Counsel, Senate Legislative Ethics Committee		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Julian Bill Other _____
Last Name First Name Name

43556 Almond Lane Davis CA 95618
Address City State Zip Code

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) received by the donor for this payment:

_____ \$ _____ Name _____ \$ _____
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

8/18/2021 \$ 3,500.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Supporters and friends of the late Assemblymember Gwen Moore arranged for a portrait to commemorate her public service. The portrait will made available to the Chair of the CA Legislative Black Caucus, which is a position that rotates between various members in both houses.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Bradford</u>	<u>Steven</u>	<u>Current Chair</u>	<u>CA Leg Black Caucus</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Erika Contreras Secretary of the Senate 11/30/21
Signature Print Name Title (month, day, year)

Comment:

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

