Payment to Agency Rej	port	A Public D	Document		PAYMENT TO AGENCY REPORT
I. Agency Name				Date Stamp	California O 0 1
California Legislature			ļ.	,	Form OU
Division, Department, or Regio	n (if applicable)				For Official Use Only
Joint Committee on Rules/Fu	rnishings Progran	n			
Street Address		-	-		
1020 N Street, Room 255, Sa	acramento, CA 9	5814			
Area Code/Phone Number	Email			☐ Amondment (ex	plain in comment section)
916-651-1504	n/a			Amendment (ex	tplain in comment section)
Agency Contact (name and title)				Date of Original Fili	ing:(month, day, year)
Koren R. Benoit, Capitol Cura	ator				(month, day, year)
2. Donor Name and Address	s		· · · · · · · · · · · · · · · · · · ·		
☑ Individual Rinaldi	Jar	neanne	_ ☐ Other		
Last Name	First	Name	_		Name
5135 Camino Floral		Santa Barba	ra	CA	
Address		City		State	Zip Code
					<u> </u>
If "Other" is marked, describe the entity's b	ousiness activity (if busine	ess) or its nature and i	interests.		
If applicable, ide	entify the name of e	ach source and th	he amount(s) re	eceived by the donor	r for this payment:
Name	\$	Amount		Name	\$ Amount
D 41 (/0					
3. Payment Information (Co	inplete Section	15 3.1 (a 01 b)	, 3.2, 3.3)		
B. Payment Information (Co 3.1 (a) Travel Payment	implete Section	15 5.1 (a or b)	, 3.2, 3.3)		
		ocation of Travel		· —	Dates (month, day, year)
		ocation of Travel			Dates (month, day, year)
		·	Bus □ Auto	 O □ Other	Dates (month, day, year) Name of Lodging Facility
3.1 (a) Travel Payment		ocation of Travel Air E	Bus □ Auto	Other	
3.1 (a) Travel Payment		ocation of Travel	Bus □ Auto	Other Expenses	
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