

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Legislature		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Joint Rules Committee/Capitol Art Program			
Street Address 1020 N Street, Room 255			
Area Code/Phone Number 916-651-1504	Email n/a	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Koren R. Benoit, Capitol Curator		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other The Irvine Museum

_____ Last Name _____ First Name _____ Name _____

18881 Von Karman Avenue, Suite 1275 Irvine CA 92612

Address City State Zip Code

Southern California Museum showcasing California Impressionist paintings

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 _____ \$ _____ 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: 03/13/2024 \$ 1,500.00

Dates (month, day, year) Total Expenses

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

Framed photo-mechanical reproduction paintings:

John Gamble, Goleta Point (18 x 24)
Granville Redmond, Spring (18 x 20)

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

No specific individual. See comment section.

_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

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

[Signature] _____ Erika Contreras Secretary of the Senate 3/21/24

Signature Print Name Title (month, day, year)

[Signature] _____ Lia Lopez CAO 4/24/24

Comment: Artwork will be rotated with other pieces in the Capitol Art Program

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