

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California 801 Form For Official Use Only
Public Employment Relations Board			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
1031 18th Street			
Area Code/Phone Number	E-mail		
916-322-3112	epotter@comcast.net		
Agency Contact (name and title)			
Eileen Potter			

2. Donor Name and Address

Individual _____ Other Teamsters Local 186

Last Name: _____ First Name: _____ Name: _____
 Address: 1534 Eastman Ave, Suite B City: Ventura State: CA Zip Code: 93003

Labor Union - represents union membership
 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) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Santa Barbara

<u>Oct 27-30, 20009</u>	\$ <u>53</u>	\$ <u>150</u>	\$ <u>46</u>	\$ _____	\$ <u>249</u>
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:
 Conducted a 3-day evidentiary hearing in PERB case number LA-RR-1175-E

Identify the officials for whom the payment was used:

<u>Cu</u>	<u>Eric</u>	<u>Regional Attorney</u>	<u>General Counsel's Ofc.</u>
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
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.

	<u>Eileen Potter</u>	<u>Chief Administrative Officer</u>	<u>12/17/09</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Clear Form

Print Form