

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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

2. Donor Name and Address

Individual \_\_\_\_\_  Other Center for Collaborative Solutions

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1329 Howe Ave., Suite 200 Sacramento CA 95825  
 Address City State Zip Code

CCS offers education, skill-building and opportunities for dialogue in effective labor-management relations.  
 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) 05/29/09 \$ 1016  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Anaheim, CA

<u>March 18-20, 2009</u>	\$ <u>494</u>	\$ <u>522</u>	\$ _____	\$ _____	\$ <u>1016</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:

Identify the officials for whom the payment was used:

<u>Chisholm</u>	<u>Les</u>	<u>Division Chief</u>	<u>General Counsel</u>
Last Name	First Name	Title	Department/Division
<u>Lyll</u>	<u>Greg</u>	<u>Legal Advisor</u>	<u>Board</u>
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.

Eileen Potter EILEEN POTTER Chief Administrative Officer 06/09/2009  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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