

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name
Governor's Office
Division, Department, or Region (if applicable)
CaliforniaVolunteers
Street Address
State Capitol, Sacramento, CA 95814
Area Code/Phone Number
(916) 445-0873
E-mail
Agency Contact (name and title)
Dan Maguire, Deputy Legal Affairs Secretary
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other (checked)
Blu Line Media
1837 Midvale Avenue, Suite 103
Los Angeles
CA
90025
Address
City
State
Zip Code

Outdoor advertising

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)
01 12 09
\$ 179,500
(month, day, year) (Round to whole dollars)

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

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:

Starting January 12, 2009 and continuing until May 18, 2009, Blu Line Media began donating advertising space on buses for CaliforniaVolunteers.

Identify the officials for whom the payment was used:

not applicable
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.

Signature of Agency Head or Designee Susan Kennedy Chief of Staff
Print Name Title (month, day, year)

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