

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Secretary of State			
Division, Department, or Region (if applicable)			
1500 11th Street			
Street Address			
Sacramento, CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
916-653-6974	frederick.radcliffe@sos.ca.gov	Date of Original Filing: 02/02/2010 <small>(month, day, year)</small>	
Agency Contact (name and title)			
Frederick Radcliffe, Filing Officer			

2. Donor Name and Address

Individual _____ Other Robert M Scherer & Associates, Inc.

Last Name First Name Name

1111 Exposition Blvd. #302 Sacramento CA 95815

Address City State Zip Code

Dale Carnegie Training franchise in Sacramento. Provides "Continuing Education and Training".
 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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) 01/22/2010 \$ 3590.00

(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:

Two scholarships provided to cover tuition costs for attendance at a Dale Carnegie program entitled "Leadership Training for Managers". Location of program is in Sacramento, CA and consists of 7 half-day weekly seminars starting on 02/02/2010.

Identify the officials for whom the payment was used:

<u>Monterose</u>	<u>James</u>	<u>Training Officer II</u>	<u>Management Services</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
<u>Mejia</u>	<u>Dora</u>	<u>Chief, MSD</u>	<u>Management Services</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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.

Janice Lumsden Janice Lumsden Deputy Secretary of State 02/02/2010

Signature of Agency Head or Designee Print Name Title (month, day, year)

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