

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Los Angeles County Registrar Recorder/County Clerk			
Division, Department, or Region (if applicable)			
Human Resources Division			
Street Address			
12400 Imperial Highway Norwalk CA, 90650			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(562) 462-2274	dlogan@rrcc.lacounty.gov		
Agency Contact (name and title)			
Joseph Horvath, Human Resources Manager II			

2. Donor Name and Address

Individual _____ Other IPMA-HR

Last Name: _____ First Name: _____ Name: _____
 1617 Duke Street Alexandria VA 22314
 Address City State Zip Code

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:

IPMA	\$ 150.00		\$	
Name	Amount	Name	Amount	

3. Payment Information

Date and Amount of Payment (other than travel) 3/12/2009 \$ 250.00
 (month, day, year) (Round to whole dollars)

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

_____	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
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:

IPMA-HR has invited two representatives from the RRCC HR division to attend the Annual IPMA Convention. The two representatives will be speaking on a panel regarding inter-governmental agency relations. The donation is to cover the cost of registration for the two representatives.

Identify the officials for whom the payment was used:

<u>Uminsky</u>	<u>Benjamin</u>	<u>Sr. DPT</u>	<u>RRCC/ HR</u>
Last Name	First Name	Title	Department/Division
<u>Horvath</u>	<u>Joseph</u>	<u>DHRM II</u>	<u>RRCC/ HR</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.

_____	<u>Dean Logan</u>	<u>Registrar-Recorder/Cnty. Clrk</u>	<u>3/25/2009</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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