Gift to Agency Report	A Public D	ocument	GIFT TO AGENCY REPOR	
I. Agency Name		Date Stamp	California Q 🗸 🗸	
California Legislature			Form OU	
Division, Department, or Reg	jion (if applicable)		For Official Use Only	
Joint Rules Committee/Ca	pitol Art Program	,		
Street Address			•	
1020 N Street, Room 255				
Area Code/Phone Number	E-mail	Amendment (excl	ain in comment section)	
916/651-1504	non			
Agency Contact (name and title	9)	Date of Original Filing	Date of Original Filing:(month, day, year)	
Koren Benoit, Historic Cap	itol Curator		, , , ,	
. Donor Name and Addre	ess			
☐ Individual		☑ OtherJo Mora Trust		
Last Name	First Name	_	Name	
26541 Willow Place	Carmel	Ca State	93923-9009	
Address	City	State	Zip Code	
Peter Hiller, Jo Mora Trust	Collection Curator 's business activity (if business) or its nature and in		·	
If applicable, identify-the name	of each source and the amount(s) solic	ited or received by the donor for this	s gift:	
•	\$		\$	
Name	Amount	Name	Amount	
. Payment Information	-			
Date and Amount of Payn	2011 (other than traval) 11/5/12	900.00		
Date and Amount of Fayir	(month, day, year)	(Round to whole dollars)		
Travel Payment Information	on (Round to whole dollars) Location of	Travel		
il a voi i a y il oli i il i oli il a ci	STITISTICAL TO MINISTER STORY			
\$	ansportation Expenses Lodging Expenses	\$ \$	· \$	
•	ription of the nature and use o	or the payment for official ag	jency business:	
California map print (cartes	s) by Joseph Jacinto "Jo" Mora		•	
Identify the officials for	whom the payment was used:			
identity the Officials for	whom the payment was used.	•		
No specific in	ndividual. The artwork w	ill be rotated with oth	ner	
Last Name	First Name	Title	Department/Division	
nieces in the	Capitol Art Program perm	anent collection		
Last Name	First Name	Title	Department/Division	
. Verification	•			
I have determined that it is in ti	he interests of the agency to accept this	gift and use it for the official agency	v business described above.	
The P Lie	Greg Schmidt	Cognotory of the	Compto 11 /0 /10	
Signature of Agency Head or Design	nee Print Name	Secretary of the	(month, day, year)	
July 100	Jon Waldie	Assembly CAO	11/8/12	
Comment: (Use this space or a	n attachment for any additional information.)			
		•		