Koren Benoit, Historic State Capitol Curator Donor Name and Address	Date Stamp Amendment (explain) Date of Original Filling:		
Division, Department, or Region (if applicable) Jt Rules Committee/Capitol Art Program Street Address 1020 N St #255 Area Code/Phone Number E-mail		For Official Use Only In comment section)	
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M Individual Henderson Andrew M Other	4		
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Annaess Oity	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	by the donor for this gi	ft:	
	,		
Name \$	Name	\$ Amount	
Payment Information	and the same of th		
Date and Amount of Payment (other than travel) 6/27/08 \$ \$15. (month, day, year) \$ \$15. (Fig. 1) Travel Payment Information (Round to whole dollars) Location of Travel			
Date(s) of Travel Transportation Expenses S Lodging Expenses Meal Expense Provide a specific description of the nature and use of the payment			
Framed oil portrait of former Assemblyman W	illiam J. Swea	ısy	
Identify the officials for whom the payment was used:			
No specific individual. The artwork will be	e rotated with	other	
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Verification I have determined that it is in the interests of the agency to accept this gift and use it for	r the official agency be	usiness described above.	
Jon Waldie JRC	CAO	7.2709	
Signature of Agency Head or Designee Print Name	Title	(month. day, year)	
Comment: (Use this space or an attachment for any additional information.)			