Gift to Agency Report	A Public De	ocument	GIFT TO AGENCY REPOR
1. Agency Name		Date Stamp	California Q01
County of Amador		ELECT	Form 801
Division, Department, or Reg	ion (if applicable)		For Official Use Only
			in .
Street Address		Racci	160
810 Court Street, Jackson,	CA 95642 *		
Area Code/Phone Number	E-mail	Amendment (expla	ain in comment section)
209-223-6490	Ciley@amadorgov.org		
Agency Contact (name and title)		Date of Original Filing	g: 8-72-2011 (month, day, year)
Chuck Iley, County Adminis	strative Officer		1 May 1876 Per Per Charles Communication Co.
2. Donor Name and Addre	ss		
☐ Individual	<u> </u>	☑ Other Google	
Last Name	First Name	14	Name
PO Box 2050 Address	Mountain View	CA State	94042-2050 Zip Code
Cloud based technology so	s business activity (if business) or its nature and int	erests.	
	of each source and the amount(s) solici		a gift:
ii applicable, identity the name	or each source and the amount(s) solle	tiod of received by the deficit for this	s girt.
	\$	Nome	\$
3. Payment Information	Amount	Name	Amount
Attend the National Associa		erence to speak at the session tit	\$\frac{786}{\text{Total Expenses}}\$  gency business:  lled "Counties Save
Amador to attend the confe	erence and present Amador's experi	ence with moving to a cloud e-m	nail and collaboration suit.
Identify the officials for	whom the payment was used:		
White	Jeff First Name	IT Director I	nformation Technology  Department/Division
Last Name	Filst Name	THE	Department Division
		Title	Department/Division
Last Name	First Name	Title	Department/Division
4. Verification			
I have determined that it is in the	ne interests of the agency to accept this	gift and use it for the official agency	business described above.
CAT. 6	Chuck lley	County Administrative O	fficer 8/22/11
Signature of Agency Head or Design		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information.)		