Gift to Agency Report	A Pul	b <mark>lic D</mark> ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
County of Amador			And have been been been been been been been be	Form OU I
Division, Department, or Region (if applicable)				For Official Use Only
			A.I.	
Street Address			Received MA	
810 Court Street, Jackson,				
Area Code/Phone Number	E-mail		Amendment (explain i	n comment section)
209-223-6490	Ciley@amadorgov.org		Date of Original Filing: _	08-22-2011
Agency Contact (name and title)			Date of Original Fining.	(month, day, year)
Chuck Iley, County Adminis				
2. Donor Name and Addres	S S			
☐ Individual	First Name	X Other	Google	lame
PO Box 2050		ain View	CA	94042-2050
Address	City	ooksall jakkinnistensisten ja siittinsisten ooksallassistensistesta järiv varpooluvusten jostatussi	State	Zip Code
Cloud based technology so	lutions.			
If "Other" is marked, describe the entity's		iture and interests.		
If applicable, identify the name	of each source and the amoun	rt(s) solicited or receive	ed by the donor for this gi	ft:
	_			
Name	\$ Amount	Medical Conference (Application of the Conference (Application	Name	\$Amount
3. Payment Information			***************************************	
•	ent (other than travel) 10-6-	2011	786	
Date and Amount of Paym	ent (other than travel) (month, c	day, year)	786 (Round to whole dollars)	
Travel Payment Informatio	n (Round to whole dollars) Loca	ation of Travel NA	CO 2011 Conference,	Portland, OR
July 16 - 19, 2011	292 366	3	20 . 8	786
Date(s) of Travel	292 \$ 366 Ansportation Expenses Lodging Expenses	xpenses	penses S Other Expens	ses Total Expenses
Provide a specific descr	iption of the nature and	d <mark>use o</mark> f the payn	nent f <mark>or official age</mark> i	ncy business:
Attend the National Associa Money While Improving Tec Amador to attend the confe Identify the officials for	chnology". This gift to agen rence and present Amador'	ncy is to cover the co 's experience with m	ost of a representative t	from the County of
White	Jeff	IT Director	Info	ormation Technology
Last Name	First Name	Perior de Autoritation de Constitution de Cons	Title	Department/Division
Last Name	First Name	# Institution for the property of the control of th	Title	Department/Division
4. Verification			20000254004	
I have determined that it is in the	e interests of the agency to ac	cept this gift and use	it for the official agency be	usiness described above.
11/12/				1 1
	Chuck Iley	notice that the second	nty Administrative Offic	cer 12/12/11
Signature of Agency Head or Design	ee Print Name		Title	(month, day, year)
Comment: (Use this space or a	า attachment for any additional infe	ormation.)		
•				en de la companya de La companya de la companya de