

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Riverside County District Attorney

Division, Department, or Region (if applicable)

County of Riverside

Street Address

3960 Orange Street, Riverside, CA 92501

Area Code/Phone Number

951-955-5400

Email

Agency Contact (name and title)

Elaina G. Bentley, Assistant District Attorney

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: April 1, 2019 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Morongo Casino Resort & Spa

49500 Seminole Drive

Cabazon

CA

92230

Address

City

State

Zip Code

Morongo Tribal casino and resort

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) received by the donor for this payment:

Riverside County District Attorney

\$ 9,997.04

Name

Amount

Name

\$

Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)

\$

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

In kind Tribal donation to Riverside County District Attorney PRIDE Award Banquet event held at Morongo Casino. Date of contract February 25, 2019.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature of Elaina G. Bentley

Elaina G. Bentley

Print Name

Assistant District Attorney

Title

03/27/2019

(month, day, year)

Comment:

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