California Legislature Division, Department, or Region (# applicable) Joint Rules Committee/Capitol Art Program Street Address 1020 N Street, Room 255 Area Code/Phone Number B-mail J16/651-1504 None Agency Contact (name and titio) Koren Benoit, Historic Capitol Curator 2. Donor Name and Address I Individual Hird Nancy Last Name STREET Name Hayward CA 95442 Address 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 the donor for this gift: Name Amount Name Amount Travel Payment Information Date and Amount of Payment (other than trave) Date(s) of Travel Travel Payment Information (Round to whole dollars) Location of Travel Travel Payment Information (Round to whole dollars) Location of Travel No specific description of the nature and use of the payment for official agency business: Framed oil painting, Governor's Mansion, by Oakland artist Lowell Antoine Hecking (1908-1994) Identify the officials for whom the payment was used: No specific individual. The artwork will be rotated with other Last Name First Name Title Department/Division	Gift to Agency Report	A Public Docum	ient	GIFT TO AGENCY REPOR
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