

State of California

PAID

Citizens Redistricting Commission

REQUEST FOR PAYMENT - PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC - 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Case Name	Names	City	State	County	City
AGUIZERS	GABINO		XXX	XX	

Date	Month	Year	Amount	Per Diem	Description
Feb	1	2011	\$	300 00	Outreach Committee Review/ Prep
	2	2011	\$	300 00	Travel & Committee mtg w/ CCP
	9	2011	\$	300 00	Travel + Prep f/ Claremont Business mtg
	10	2011	\$	300 00	Business mtg in Claremont
	11	2011	\$	300 00	" " " "
	12	2011	\$	300 00	" " " " + travel
	17	2011	\$	300 00	Review & prep f/ Outreach Com mtg
	18	2011	\$	300 00	Traveled to Sacramento & mtg
	19	2011	\$	300 00	Return travel & car rental return to LAX
	22	2011	\$	300 00	Travel to Sacramento & mtg prep
	23	2011	\$	300 00	Business meeting
	24	2011	\$	300 00	Business meeting
	25	2011	\$	300 00	Business meeting
	26	2011	\$	300 00	Business meeting
TOTAL:			\$	4200 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature

Print Authorizing Name:

Signature

Date: 3/23/2011

PERSONNEL USE ONLY

786	100	8847	009
-----	-----	------	-----

13 days

02/2011

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

03/18/11

RECEIVED **COPY**

APR 21 2011

REQUEST FOR PAYMENT - PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC - 001

Per JA

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)		Activity
Month	Day	Year			
March	14	2011	\$	300 00	Cumulative hours (6+) for review of Redistricting materials, prep for and interview with Ventura County Star
"	16	2011	\$	300 00	Outreach Com tasks, mtg prep & travel to S.
"	17	2011	\$	300 00	CRC meeting
"	18	2011	\$	300 00	" "
"	19	2011	\$	300 00	" " + travel to HQ
"	23	2011	\$	300 00	Outreach tasks, mtg prep & travel to Sct
"	24	2011	\$	300 00	CRC meeting
"	25	2011	\$	300 00	CRC meeting and travel to HQ
"	29	2011	\$	300 00	Prep for Editorial Board (Fresno Bee, Univision TV interview) and travel
"	30	2011	\$	300 00	Fresno Bee, Vida en el Valle and Univision interviews.
TOTAL:			\$	3000 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature: [REDACTED]

Signature: Deborah R. Davis

Date: 4/21/11

PERSONNEL USE ONLY

Position Number:	Processed By:
	Print Name:
	Title:
	Signature:
	Date:

RECEIVED **COPY**
 APR 21 2011

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
 Form No. CRC – 001

Per YAS

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
April	4-5	2011	\$ 300 00	Cumulative hours (6+) = Toolkit
			\$ 00	Spanish translation, Tech-Outreach
			\$ 00	Advisory Committee tasks
	6	2011	\$ 300 00	Coordination tasks for Tech-Outreach
			\$ 00	Adv Committee and Travel to Scto
	7	2011	\$ 300 00	CRC Business meeting
	8	2011	\$ 300 00	CRC Business meeting
	9	2011	\$ 300 00	Travel + Public Hearing in Redding, CA
	10	2011	\$ 300 00	Public Hearing in Marysville, CA
			\$ 00	and travel to H/O (Santa Paula)
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 1800 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature [REDACTED]

Deborah R. Davis

Signature [REDACTED]

Date: 4/21/11

PERSONNEL USE ONLY

Position Number:	Processed By:		
	Print Name:		
	Title:		
	Signature:	Date:	

COPY

RECEIVED

Citizens Redistricting Commission

MAY 09 2011

REQUEST FOR PAYMENT - PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC - 001

Per VJA

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
April	11-12	2011	\$ 300 00	CP (rev materials, both written and online; background for agenda items) cumulative = 6 hours
	13	"	\$ 300 00	PI and travel (San Luis Obispo)
	14	"	\$ 300 00	PI and travel (Bakersfield)
	15	"	\$ 300 00	PI and travel (Hanford)
	16	"	\$ 300 00	PI and travel (Merced)
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 1500 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

[REDACTED]

Deborah R. Davis

Print Authorizing Name:

[REDACTED]

5/9/11
Date:

PERSONNEL USE ONLY

Position Number

Processed By:	
Print Name:	
Title:	
Signature:	
Date:	

REQUEST FOR PAYMENT - PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act

Form No. CRC - 001

^{MHC}
COPY

Date (12/1 0)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
May	5	2011	\$ 300 00	PI in Norco, CA
	6	2011	\$ 300 00	PI in Santa Ana, CA
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature: [REDACTED]

Print Full Name: DEBORAH R. DAVIS

Signature: [REDACTED]

Date: 5/17/11

PERSONNEL USE ONLY

Position Number:	Processed By:		
	Print Name:		
	Title:		
	Signature:	Date:	

RECEIVED

MAY 17 2011

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

COPY

RECEIVED

REQUEST FOR PAYMENT - PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC - 001

MAY 09 2011

Per YB

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name	First Name	MI	Social Security (Last 4 only)	
AGUIRRE	GABINO	[REDACTED]	XXX	XX

Date Engaged in Business			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
May	3-4	2011	\$ 300 00	CP (review of written and online materials; background for agenda items) + travel to Orange, CA.
	5		\$ 300 00	
	6		\$ 300 00	
			\$ 00 00	
			\$ 00 00	
MAY	1	2011	\$ 300 00	on April's worksheet.
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
TOTAL:			\$ 900 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature [REDACTED]

Print Authorizing Name: Deborah R. Davis

Signature: [REDACTED]

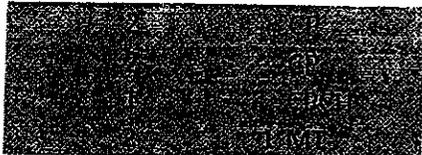
Date: 5/9/11

PERSONNEL USE ONLY

Position Number	Processed By
	Print Name
	Title
	Signature
	Date

COPY

May	Activity	Hours	Days
	1 Business and Input Meeting Lancaster, Ca	8	1 BI
	2 Travel - Lancaster to Capitola	6	1 BI
	3		
	4		
	5 Observe Norco BI meeting on live stream	8	1 BI
	6 Observe Santa Ana BI meeting on live stream	8	1 BI
	7 Harrasment Training Completed		
	8 Ethics Training Completed		
	9 Arranging for fac ility on 28th (started on weekend)		
	10 Prepare for and Interview with Kovnar Press Democrat		
	11		
	12 Travel to Palm Springs and Public Input Meeting	8	1 BI
	13 Input Meeting at San Marcos	8	1 BI
	14 Input Meeting at San Diego	8	1 BI
	15 Travel home from San Diego to Capitola	6	1 BI
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		



Total Days

9

***Just Media no travel**

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act

Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
May	19	2011	\$ 300 00	PI - Auburn, CA
	21	2011	\$ 300 00	Prep/Present @ LUAC State Convention
	22	2011	\$ 300 00	PI - Salinas, CA
	23	2011	\$ 300 00	PI - San Jose, CA
	24	2011	\$ 300 00	PI - No. Cal. Group Presentation
	25	2011	\$ 300 00	Travel/Prep for So. Cal Group Presentns
	26	2011	\$ 300 00	PI - So. Cal. Group Presentations
	27	2011	\$ 300 00	B/m @ CSUN
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 2400 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature: [REDACTED]

Signature: Deborah R. Davis

Date: 6/16/11

PERSONNEL USE ONLY

Position Number:	Processed By:
	Print Name:
	Title:
	Signature:
	Date:

ENTERED
 JUL 05 2011
 BY: [Signature]

Secretary of State
 Attn: Human Resources
 1500 11th Street, Room 475
 Sacramento, Ca 95814

RECEIVED
 JUN 16 2011
 BY: [Signature]

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	Gabino	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged In Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
May	31	2011	\$ 300 00	Training (4 hrs) and Travel to Sacto
June	1	2011	\$ 300 00	B/M in Sacto, CA
	2	2011	\$ 300 00	B/M in Sacto, CA
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 900 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature: [REDACTED]

Print Authorizing Name: Deborah R. Davis

Signature: [REDACTED]

Date: 6/16/11

PERSONNEL USE ONLY

Position Number:

--	--	--	--

Processed By:

Print Name:	
Title:	
Signature:	
Date:	

ENTERED
JUL 05 2011
BY: YH

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
JUN 16 2011
BY: [Signature]

A
JTB

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
Aguirre,	Gabino		XXX	XX	

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
June	6/	2011	\$ 300 00	Prep for Line Drawing & Travel to Sacto
	7/	2011	\$ 300 00	B/M - Line Drawing
	8/	2011	\$ 300 00	Mtg's w/ staff, Gibson-Dunn phone
			\$ 00 00	conferences and prep for
			\$ 00 00	press conference
	9/	2011	\$ 300 00	B/M
	10/	2011	\$ 300 00	B/M, Press Conference & Travel
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
TOTAL:			\$ 1500 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature: [Redacted]

Deborah R. Davis

Signature: [Redacted]

Date: 6/16/11

PERSONNEL USE ONLY

Position Number:

--	--	--	--

Processed By:

Print Name:	
Title:	
Signature:	
Date:	

ENTERED
JUL 05 2011
BY: [Signature]

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
JUN 16 2011
BY: [Signature]

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO		XXX	XX	

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
July	1	2011 ✓	\$ 300 00	Business mtg & Line Drawing
	2	2011 ✓	\$ 300 00	Bwd. mtg & Line Drawing
	3	2011 ✓	\$ 300 00	Bwd mtg & Line Drawing
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 900 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature: 

Signature: DEBORAH R. DAVIS

Date: 7/5/11

PERSONNEL USE ONLY

Position Number:	Processed By:
	Print Name:
	Title:
	Signature:
	Date:

ENTERED
JUL 05 2011
BY: *YJA*

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
JUL 05 2011
BY: *YJA*

178-9111

(P) (T)

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
A GUINERRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)		Activity
Month	Day	Year	\$		
July	6	2011	\$	300 00	B/m & Line Drawing
"	7	2011	\$	300 00	B/m & Line Drawing
"	8	2011	\$	300 00	B/m & Line Drawing
"	9	2011	\$	300 00	B/m & Line Drawing
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$	1200 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

Commissioner's Signature [REDACTED]

DEBORAH R. DAVIS

[REDACTED]

7/19/11
Date:

PERSONNEL USE ONLY

Position Number:	Processed By:		
	Print Name:		
	Title:		
	Signature:	Date:	

RECEIVED
JUL 18 2011
BY: [Signature]

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

T

COPY

REQUEST FOR PAYMENT - PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC - 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
July	6		\$ 300 00	Travel, BM, LD
	7		\$ 300 00	BM
	8		\$ 300 00	Line Drawing
	9		\$ 300 00	LD & BM
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 1200 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

[REDACTED Signature]

DEBORAH R. DAVIS
 Print Authorizing Name:
 Signature: *Deborah R. Davis* Date: 8/15/11

PERSONNEL USE ONLY

Position Number:	Processed By:
	Print Name:
	Title:
	Signature:
	Date:

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
 AUG 15 2011
 BY: _____



REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act

Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AQUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
July	19 20	2011	\$ 300.00	Travel + CP
	21		\$ 300.00	BIM
	22		\$ 300.00	BIM
	23		\$ 300.00	Map Drawing
	24		\$ 300.00	Map Drawing / Travel
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
			\$ 00.00	
TOTAL:			\$ 1500.00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

[REDACTED]
Commissioner's Signature

DEBORAH R. DAVIS
 Print Authorizing Name: [REDACTED]
 Signature: [REDACTED] Date: 8/18/11

PERSONNEL USE ONLY

Position Number:	Processed By:
	Print Name:
	Title:
	Signature:
	Date:

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
AUG 15 2011
BY: _____

1

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act

Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:	First Name	MI	Social Security (Last 4 only)		
AGUIRRE	GABINO	[REDACTED]	XXX	XX	[REDACTED]

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
July	26	2011	\$ 300 00	BM and Line Drawing
	27	2011	\$ 300 00	Line Drawing
	28	2011	\$ 300 00	Line Drawing
	29	2011	\$ 300 00	Line Drawing and BM
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
			\$ 00	
TOTAL:			\$ 1200 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge

[REDACTED Signature]

DEBORAH R. DAVIS
Print Authorizing Name:

[REDACTED Signature]

Signature

8/18/11
Date:

PERSONNEL USE ONLY

Position Number:

--	--	--	--

Processed By:

Print Name:	
Title:	
Signature:	
Date:	

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
AUG 15 2011
BY:

T

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
Form No. CRC – 001

Date (12/10)

Please type or print clearly in the appropriate sections of this form. Failure to do so could delay the processing of this document.

Submit original only

Last Name:		First Name	MI	Social Security (Last 4 only)	
AGUIRRE		GABINO		XXX	XX

Date Engaged in Business:			Amount per Day (\$300.00/day)	Activity
Month	Day	Year		
Aug	12	2011	\$ 300 00	Vice Chair / CP; Travel
	13	2011	\$ 300 00	BM
			\$ 300 00	BM; Press Conference
	15	2011	\$ 300 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
			\$ 00 00	
TOTAL:			\$ 900 00	

I understand that as a Commissioner of the Citizens Redistricting Commission, I shall receive payment in accordance with Proposition 11, Voters FIRST Act and certify that the information above is accurate to the best of my knowledge



DEBORAH R. DAVIS

Print Authorizing Name:



Signature

8/18/11
Date:

PERSONNEL USE ONLY

Proposition Number:	Processed By:
	Print Name:
	Title:
	Signature:
	Date:

Secretary of State
Attn: Human Resources
1500 11th Street, Room 475
Sacramento, Ca 95814

RECEIVED
AUG 15 2011
BY: