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2/19

per instructions

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SECRETARY OF STATE

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act

Form No. CRC – 001

KIT, 11 FEB -3 PM 2:19

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)		
Blanco		Maria			XXX	XX	

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year			
1	20	2011	\$ 300	00	
1	21	2011	\$ 300	00	CRC Meeting - Sacramento ✓
1	26	2011	\$ 300	00	CRC Meeting - Sacramento ✓
1	27	2011	\$ 300	00	CRC Meeting - Sacramento ✓
1	28	2011	\$ 300	00	CRC Meeting - Sacramento ✓
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 1,500	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

Maria Blanco *Signed 2/19*

Date: 01/31/11

Position Number			

PERSONNEL USE ONLY

Processed By		
Print Name		
Title		
Signature		Date

COPY

To Dors
3/25/11

K.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)	
Blanco	Maria		XXX	XX [REDACTED]

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year	\$	00	
2	23	2011	\$ 300	00	Redistricting Commission meeting in Sacramento ✓
2	24	2011	\$ 300	00	Redistricting Commission meeting in Sacramento ✓
2	25	2011	\$ 300	00	Redistricting Commission meeting in Sacramento ✓
2	26	2011	\$ 300	00	Redistricting Commission meeting in Sacramento ✓
3	1	2011	\$ 300	00	Full Day of Work for Redistricting Commission ✓
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 1,500	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]

3/25/11
Date:

PERSONNEL USE ONLY

Position Number	Proposed By
	Print Name
	Title
	Signature
	Date

State of California TO DGS 4/12/11

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Citizens Redistricting Commission

APR 08 2011

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REQUEST FOR PAYMENT - PER DIEM

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

Per SA

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)	
Blanco	Maria		XXX	XX [REDACTED]

Date Excluded in Business			Amount	Rate	Reason	Hours
Month	Day	Year				
3	9	2011	\$300	00	Full day of work on commission business	1
3	10	2011	\$300	00	Full day of work on commission business	1
3	11	2011	\$300	00	Full day of work on commission business	1
3	14	2011	\$300	00	Full day of work on commission business	1
3	15	2011	\$300	00	Commission meeting - Sacramento	2
3	17	2011	\$300	00	Commission Meeting - Sacramento	2
3	18.00	2011	\$300	00	Commission Meeting - Sacramento	2
3	19	2011	\$300	00	Commission Meeting - Sacramento	2
			\$	00		
			\$	00		
			\$	00		
			\$	00		
			\$	00		
			\$	00		
TOTAL:			\$2,400	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]

4/8/11
Date

PERSONNEL USE ONLY

Position Number

Processed By
Signature
Date

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

State of California TO DGS 4/12/11

Citizens Redistricting Commission

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APR 08 2011

REQUEST FOR PAYMENT - PER DIEM

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

Per [Signature]

Date (12/10)

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Submit original only

Last Name	First Name	M.I.	Social Security (Last 4 only)	
Blanco	Maria		XXX	XX [Redacted]

Date Engaged in Business			Amount per Day		Purpose
Month	Day	Year	\$	00/100ths	
3	24	2011	\$ 300	00	Commission meeting - Sacramento ✓
3	25	2011	\$ 300	00	Commission Meeting - Sacramento ✓
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$2,400.00	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 Signature]

4/8/11
Date:

PERSONNEL USE ONLY

Position Number			

Approval		Date	

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

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APR 19 2011

Per *[Signature]*

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Date (12/10)

REQUEST FOR PAYMENT - PER DIEM

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

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Submit original only

Last Name	First Name	MI	Social Security (Last 4 Digits)	
Blanco	Maria		XXX	XX [Redacted]

Date Engaged in Business			Amount per Day (\$300.00/day)	Activity	
Month	Day	Year			
4	9	2011	\$300	00	CRC Hearing - Redding ✓
4	10	2011	\$300	00	CRC Hearing - Yuba City ✓
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 600.00	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. Dains

[Redacted]

4/20/11
Date:

PERSONNEL USE ONLY

Position Number

Print Name	Date
Signature	Date

APR 20 2011

Per [Signature]

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)
Blanco	Maria		XXX XX [REDACTED]

Month	Day	Year	Amount per Day	Number of Days	Amount	Activity	Code
4	14	2011	\$ 300	00		CRC Hearing in Bakersfield	PI
4	15	2011	\$ 300	00		CRC Hearing in Hanford	PI
4	16	2011	\$ 300	00		CRC Hearing in Merced	PI
4	17	2011	\$ 300	00		Travel from Bakersfield	PI
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
TOTAL:			\$ 1,200	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

Commissioner's Signature

[Redacted Signature]

4/25/11
Date:

PERSONNEL USE ONLY

[Redacted]				[Redacted]			
[Redacted]							
[Redacted]							

Submit original only

Blanco		Maria		XXX	XX
--------	--	-------	--	-----	----

4	21	2011	\$ 300	00	MT
4	25	2011	\$ 300	00	MT
4	26	2011	\$ 300	00	CP
4	27	2011	\$ 300	00	B/I
4	28	2011	\$ 300	00	B/I
4	29	2011	\$ 300	00	PI
4	30.00	2011	\$ 300	00	B/I
5	1	2011	\$ 300	00	B/I
TOTAL:			\$ 2,400	00	

not paid in April

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]

Print Authorizing Name
 [Redacted Name]

PERSONNEL USE ONLY

[Redacted]	[Redacted]	[Redacted]
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TD DGS 5/6/11

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

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 Digits)
Blanco	Maria		XXX XX [REDACTED]

Month	Day	Year	Amount	Rate	Activity
5	18	2011	\$ 300	00	CP
5	19	2011	\$ 300	00	BM/PI
5	20	2011	\$ 300	00	BM/PI
5	21	2011	\$ 300	00	PI
5	22	2011	\$ 300	00	PI
5	23	2011	\$ 300	00	PI
5	24.00	2011	\$ 300	00	PI
5	26	2011	\$ 300	00	PI
5	27	2011	\$ 300	00	BMLD
5	28	2011	\$ 300	00	BMLD
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 3,000	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

[REDACTED]

6/6/11
Date:

PERSONNEL USE ONLY

Agency Name	Agency Address	Agency Phone	Agency Fax

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JUN 06 2011

gja

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)	
Blanco	Maria		XXX	XX

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year	\$	00	
6	1	2011	\$ 300	00	LD, BM
6	2	2011	\$ 300	00	LD, BM
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
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			\$	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

Deborah R Davis

6/13/11
Date:

PERSONNEL USE ONLY

Position Number			

Processed By		
Print Name		
Title		
Signature		
Date		

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R JUN 08 2011 **D**
BY: *gja*

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

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REQUEST FOR PAYMENT - PER DIEM

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

Date (12/10)

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Submit original only

Last Name		First Name		MI	Social Security (Last 4 only)		
Blanco		Maria			XXX	XX	

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year	\$	00	
6	7	2011	\$ 300	00	LD, BM
6	8	2011	\$ 300	00	CP
6	9	2011	\$ 300	00	LD, BM
6	10	2011	\$ 300	00	LD, BM
			\$	00	
			\$	00	
			\$	00	
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			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 1,200	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

DEBORAH R DAVIS

6/14/11
Date:

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Position Number			

Processed By	
Print Name	
Title	
Signature	
Date	

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 BY: *[Signature]*

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

YJA

REQUEST FOR PAYMENT – PER DIEM

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

Date (12/10)

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Submit original only

Last Name	First Name	MI	Social Security (Last 4 only)	
Blanco	Maria		XXX	XX [REDACTED]

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year			
6	13	2011	\$ 300	00	CP
6	16	2011	\$ 300	00	BM, PI
6	17	2011	\$ 300	00	PI
6	18	2011	\$ 300	00	PI
6	19	2011	\$ 300	00	CP
6	20	2011	\$ 300	00	PI
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 1,800	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

DEBORAH R. DAVIS

Signature

Date:

6/30/11

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

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JUN 27 2011
BY: JJA

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act

Form No. CRC – 001

Date (12/10)

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Submit original only

Last Name	First Name	M	Social Security (last 4 only)		
Blanco	Maria		XXX	XX	████

Date Engaged in Business			Amount per Day (\$300.00/day)	Activity	
Month	Day	Year			
6	22	2011	\$ 300	00	PI
6	23	2011	\$ 300	00	BM, PI
6	24	2011	\$ 300	00	BM, PI
6	25	2011	\$ 300	00	PI
6	26	2011	\$ 300	00	CP
6	27	2011	\$ 300	00	PI
6	28.00	2011	\$ 300	00	PI
6	29	2011	\$ 300	00	BM
6	30	2011	\$ 300	00	BM
7	1	2011	\$ 300	00	BM
7	2	2011	\$ 300	00	BM
7	3	2011	\$ 300	00	BM
			\$	00	
			\$	00	
TOTAL:			\$ 3,600	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

DEBORAH R. DAVIS

Signature

Date:

7/11/11

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Position Number	Processed By
	Print Name
	Title
	Signature
	Date

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 BY: *[Signature]*

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

P T

REQUEST FOR PAYMENT – PER DIEM

Regulatory Authority: Proposition 11, Voters FIRST Act
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Date (12/10)

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Submit original only

Last Name	First Name	MI	Social Security (Last 4 only)		
Blanco	Maria		xxx	xx	██████

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year			
7	12	2011	\$ 300	00	CP
7	13	2011	\$ 300	00	BM, LD
7	14	2011	\$ 300	00	BM, LD
7	15	2011	\$ 300	00	BM, LD
7	16	2011	\$ 300	00	BM, LD
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 1,500	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:

PERSONNEL USE ONLY

Position Number	Processed By		
	Print Name		
	Title		
	Signature		Date

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R JUL 25 2011 **D**
 BY: *JA*

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

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REQUEST FOR PAYMENT – PER DIEM

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

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Date (12/10)

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Submit original only

Last Name	First Name	MI	Social Security (Last 4 only)	
Blanco	Maria		XXX	XX [REDACTED]

Date Engaged in Business			Amount per Day (\$300.00/day)		Activity
Month	Day	Year			
7	19	2011	\$ 300	00	
7	21	2011	\$ 300	00	CP
7	23	2011	\$ 300	00	BM, LD
7	24	2011	\$ 300	00	CP
7	25	2011	\$ 300	00	BM, LD
			\$	00	CP
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
			\$	00	
TOTAL:			\$ 1,500	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

[REDACTED]
Authorizing Name

Deborah R. Davis
Signature

8/12/11
Date

PERSONNEL USE ONLY

Position Number			
-----------------	--	--	--

Processed By	
Print Name	
Title	
Signature	
Date	

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Attn: Human Resources
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BY: [Signature]

REQUEST FOR PAYMENT – PER DIEM

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Last Name	First Name	MI	Social Security (Last 4 only)	
Blanco	Maria		xxx	xx [REDACTED]

Date Engaged in Business			Amount per Day		Activity
Month	Day	Year	(\$ 300.00/day)		
7	27	2011	\$ 300	00	BM, LD
7	28	2011	\$ 300	00	BM, LD
7	29	2011	\$ 300	00	BM, LD
			\$	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

[REDACTED]

Commissioner's Signature

DEBORAH R. DAVIS
Print Authorizing Name:

[REDACTED]

Signature

8/18/11
Date:

PERSONNEL USE ONLY

Position Number	Process
	Print Name
	Title
	Signature
	Date

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

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BY: [Signature]