



Request # 0243

Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year
DEADLINE: Fall and Academic Year 3/14/08
Spring 10/15/08

Activity Title: Politics on Tap: American Politics in an Election Year

Project Sponsor/Staff (Name/Phone): **Scott Frisch (x-2770) & Sean Kelly (x-3309)**

Activity/Event Date(s): **September through November 2008**

Date Funding Needed By: **September 2008**

Please check if any of the following apply to your IRA:

- | | |
|---|---|
| <input type="checkbox"/> Equipment Purchase | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Event | <input type="checkbox"/> Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| <input type="checkbox"/> IT Requirements | <input type="checkbox"/> Risk Management Consultation |
| <input type="checkbox"/> International Travel | <input type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/14, Spring 10/15) |
| <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: ☐ YES ☒ NO Yes, Request #

Does your proposal require IRB (Institutional Review Board) approval: ☐ Yes ☒ No

Assessment submitted for previously Funded Activity: ☐ YES ☒ NO

Academic Program or Center Name and Budget Code: **Political Science 769 and The Center for Community Engagement**

Date of Submission: **March 12, 2008**

Amount Requested: **\$18,450**
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: **300 (minimum)**

243



International Programs

October 13, 2008

Mary Devins
California State University, Channel Islands
One University Drive
Camarillo, CA 93012-8599
Fax: 805.437.8864

Dear Mary,

I appreciate your efforts and Sean's to amend the letter of invitation to make it possible not to have California taxes withheld. However, since CSUCI is covering my hotel and my flight was relatively inexpensive, it is advantageous for me to accept the original offer of a stipend of \$2,000 for my visit. Please contact me if there are any questions.

Best wishes,

A handwritten signature in black ink, appearing to read 'Lance T. LeLoup', written over the typed name.

Lance T. LeLoup, Vice Provost
Professor of Political Science

INVOICE #72010

To:

Chanda Cunningham-Spence
Faculty Support Coordinator
California state University Channel Islands
One University Drive
Camarillo, CA 93012

APPROVED FOR PAYMENT
BY [Signature]
DATE 7/20/10
ACCT 673802-76990209
CONTRACT/PO 6996
☐ PARTIAL PAYMENT
☒ PAYMENT IN FULL

From:

Professor James A. Thurber
2474 Tracy Place, NW
Washington, DC 20008-1627

202-422-3089 (mobile)
202-885-3800 (fax)
thurberau@aol.com

Tax ID Number: 540-46-1036

P.O. # 6996

This invoice is being submitted for a guest speaker honorarium provided for California State University Channel Islands in the amount of \$2,000.00.

Please send the remittance to my address listed above.

James A. Thurber
July 20, 2010

American Politics in an Election Year

Tentative Fall Semester Schedule

September

18 - Les Francis, former Deputy Chief of Staff to President Jimmy Carter
Reforming the American Political System (\$1000?)

October

TBD Jean Schroedel, Professor of Political Science, Claremont Graduate School **PAID**
Women and Politics \$1000

13 James Thurber, Professor of Political Science, American University
Campaigns and Elections American Style: Observations about the 2008
Presidential and Congressional Elections \$2000
processed RGS → procurement made reservations **paid**

19-21 Congress to Campus Events (Guests TBD)
Congress and Governing in the United States
Derrick = 2 nights \$260 Smith = 3 nights \$390 **paid**
27 Lance LeLoup, Professor of Political Science, Washington State University
Partisanship in Modern American Politics \$2000
wants \$1499 + travel reimb.

November

5 Election Watch Party - Aliso 150
Watch the Presidential Elections unfold throughout the evening with occasional
analysis and reaction from our political science faculty. \$2000

TBD Post-Election Roundtable
The New President, the New Congress, and the Challenge of Governing

18 Jay Hakes, Director Jimmy Carter Library and Museum
Energy Policy, Sustainability, and Energy Independence
processed rgs → procurement

\$8K honoraria

\$8400

\$5250
\$2500
\$8000

1000
1000
2000 + 129
2000
2000

+260
+390
9279

← 8129

\$500 Roadrunner
\$8629

16,750

- 2500

14,250

less other funding

\$2000

waiting invoice

PO 6991

waiting invoice
6996

State of California—Department of Health Services

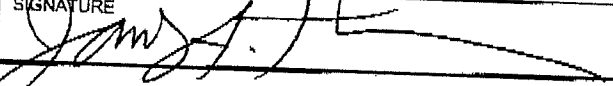
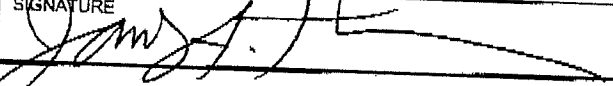
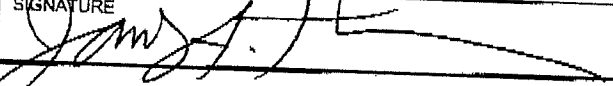
PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1	DEPARTMENT/OFFICE CSU Channel Islands STREET ADDRESS One University Drive CITY, STATE, ZIP CODE Camarillo, CA 93012 TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on Page 2)</i>						
2	PAYEE'S BUSINESS NAME James A. Thurber 2474 Tracy Place, NW MAILING ADDRESS (Number and Street or P.O. Box Number) (CITY, STATE, and ZIP CODE) Washington, DC 20008							
3	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 540-46-1036 </div> OWNER'S FULL NAME James A. Thurber	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.						
4	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. <i>(See Page 2)</i>						
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. <table border="1" style="width: 100%;"> <tr> <td data-bbox="267 1774 876 1858"> AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) James A. Thurber </td> <td data-bbox="885 1795 1502 1858"> TITLE Professor </td> </tr> <tr> <td data-bbox="267 1858 876 1942"> SIGNATURE  </td> <td data-bbox="885 1869 1502 1942"> <table border="1" style="width: 100%;"> <tr> <td data-bbox="885 1869 1153 1942"> DATE 10/05/08 </td> <td data-bbox="1161 1869 1502 1942"> TELEPHONE NUMBER 202-422-3089 </td> </tr> </table> </td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) James A. Thurber	TITLE Professor	SIGNATURE 	<table border="1" style="width: 100%;"> <tr> <td data-bbox="885 1869 1153 1942"> DATE 10/05/08 </td> <td data-bbox="1161 1869 1502 1942"> TELEPHONE NUMBER 202-422-3089 </td> </tr> </table>	DATE 10/05/08	TELEPHONE NUMBER 202-422-3089
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2	PAYEE'S BUSINESS NAME Lance T. Leloup 940 SW Monta Vista Circle MAILING ADDRESS (Number and Street or P.O. Box Number) Pullman, WA 99163 (CITY, STATE, and ZIP CODE)	
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] [] - [] [] [] [] [] [] <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER 11721-381-161913 OWNER'S FULL NAME Lance T. Leloup	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lance T. Leloup TITLE Professor SIGNATURE [Signature] DATE 10/13/08 TELEPHONE NUMBER 509 335 2542	

Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year

ACTIVITY BUDGET FOR 2008-2009

1. Operating Expense Budget

A. Supplies	300
B. Vendor Printing	1,000
C. In-State Travel	2,500
D. Out-of-State Travel	8,000
E. Equipment Rental	500
F. Equipment Purchase	
G. Contracts/Independent Contractors	
H. Honorarium	5,250
I. OPC Chargeback	800
J. Copier Chargeback	
K. Other	\$3,500

(Congress on Campus program fee)

TOTAL Expenses	\$20,950
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2. Revenue

A. Course Fees	
B. Ticket Sales	
C. Out of Pocket Student Fees (exclusive of course fees)	
D. Additional Sources of Funding (Please specify And indicate source)	\$2,500 (requested from Lottery funds)
E. Requested Allocation from IRA	\$18,450

Total Revenue	\$20,950
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Devins, Mary

From: Kelly, Sean Q.
Sent: Friday, July 11, 2008 11:27 AM
To: Devins, Mary
Cc: Frisch, Scott
Subject: Political Science IRA Award: Travel Arrangements

Hi Mary,

We got an IRA grant for the fall that involves bringing in a number of speakers from out of town. I need to start making plane reservations for one of them.

His name is Lance LeLoup. He is Professor of Political Science at Washington State University. We need him to fly into LAX departing mid-morning from Seattle on October 27th, leaving on the 29th from LAX to Pullman, Washington.

I am sure that there is some paperwork that will need to be filled out. I'll be dropping by campus on Monday and I can pick up the paperwork if you'll be around.

Thanks so much!

Sean.

Sean Q Kelly
Associate Professor of Political Science
California State University Channel Islands
One University Dr.
Sage Hall Room 2041
Camarillo, CA 93012
(805) 437-3309 office
sean.kelly@csuci.edu
<http://faculty.csuci.edu/sean.kelly>

7/14/2008

PAYEE DATA RECORD

STD 204 (Rev. 2-2000) (Page 2)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. As estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call	1-800-852-5711
From outside the United States, call	1-916-845-6500
For hearing impaired with TDD, call	1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1 on page 1.

State of California--Department of Health Services

PAYEE DATA RECORD

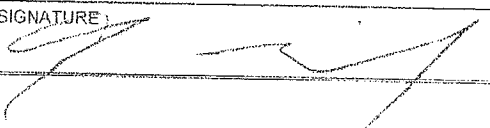
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2	PAYEE'S BUSINESS NAME Jose Marichal, Ph.D. California Lutheran University MAILING ADDRESS (Number and Street or P.O. Box Number) Campus Box 3800: 60 West Olsen Road (CITY, STATE, and ZIP CODE) Thousand Oaks, CA 91360	
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [][]-[][]-[][][][][][][][][] <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER [5][9][3]-[4][0]-[5][8][6][9] OWNER'S FULL NAME Jose Marichal	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Jose Marichal SIGNATURE  TITLE Assistant Professor of Political DATE 10-28-2008 TELEPHONE NUMBER 805-493-3328	

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Activity Title: Politics on Tap: American Politics in an Election Year
Project Sponsor/Staff (Name/Phone): Scott Frisch (x-2770) & Sean Kelly (x-3309)

Which out of state congressman will be speaking?

This is yet to be determined. We can request particular members, or members who have a particular interest, but we cannot choose precisely who will come.

- We do know that it will be one Democrat and one Republican.
- We plan to request members who focus on a policy issue that is salient to other programs at CSUCI—for instance, the sciences (environmental policy) business (budgeting) or nursing (health policy).

What's included in the program fee?

The program fee supports the administrative costs of Mississippi State, which administers the program. The program fee does not include any of the costs of hosting the members on campus.

Is there a web-site for this program? <http://www.stennis.gov/congress2campus.htm>

Can you provide us with a breakdown of OPC chargebacks and rental charges?

We plan to use classroom and library facilities—and appearances in existing courses—to minimize costs for additional set up.

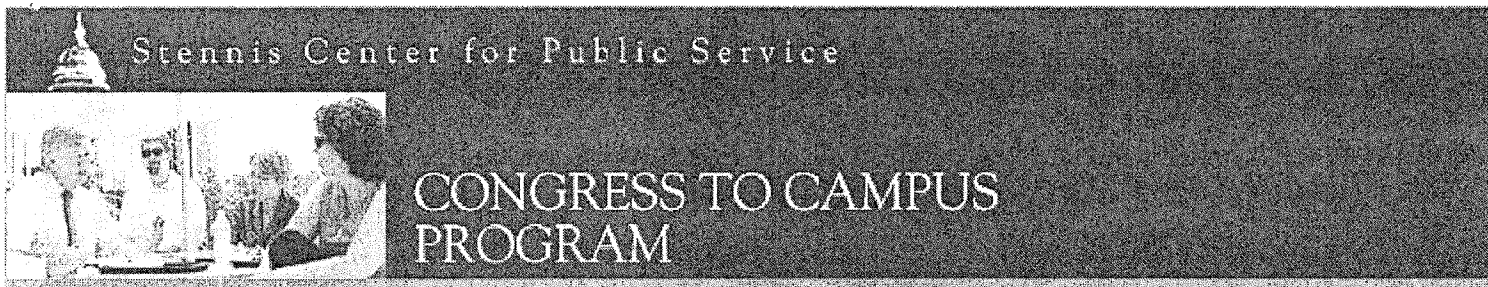
- All of the chargebacks, to this point, have been about \$100 per event. We have budgeted \$800 for all events, which mostly require sound (microphone set up) at most.
- As a new faculty member please allow me to say, as an aside, that the costs of these services are extraordinary and have led us to turn down offers from free speakers this year because we did not have the funds in our department budget for this purpose.

Are plans in place to host this at the Hub or the Library?

We plan to host most of the events at the library. This includes the election night watch party, which will be in the back corner of the library. That area is equipped with two televisions.

We have been conservative in our approach to beginning planning for these events.

- We did not want to begin committing our scarcest resource, time, to begin planning in the absence of the resources to carry through with the program.
- We also did not want to begin our planning with Congress to Campus and commit the university to a substantial expenditure before being sure that we would be able to follow through. We do not want to harm our relationship with them as we would like to work with them at some point.

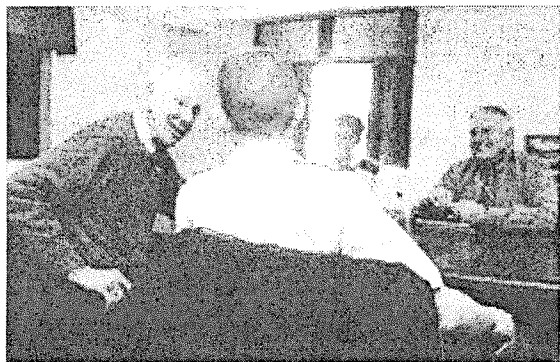


Program Description	Past Visits	Upcoming Visits	Application	Guidelines	Activities	U.S.A.F.M.C.
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[Ten Things I Wish Political Science Professors Would Teach](#) by former Congressman Lee Hamilton

[Civic Education and the Common Good](#) by former Congressman Lee Hamilton

[Video of Jim Coyne and David Minge at Cal State Long Beach](#)



Former Congressmen Lou Frey (R FL) and Jerry Patterson (D CA) talk with students at the U.S. Coast Guard Academy.

Thousands of students on college campuses throughout the country are getting a rare opportunity to interact with former Members of Congress through a program designed to attract young people to public service leadership. Concerns about the lack of civic literacy among America's young people and declining participation in politics and voting even among college-educated young adults are being addressed by the Congress to Campus program, which brings students into contact with former Members who share their insights and experiences. Students are challenged to become involved in the legislative process and learn about the value of public service from men and women who have served in Congress.

The U. S. Association of Former Members of Congress created the Congress to Campus Program in an effort to improve college students' understanding of

Congress and American government and to encourage them to consider careers in public service. Beginning in 1996, the Stennis Center partnered with the Association to assist in managing the program. Participating campuses also contribute to the program by arranging interactive sessions with students, paying a fee on a sliding scale, and absorbing all on-campus expenses related to the program.

The program sends bipartisan pairs of former Members of Congress - one Democrat and one Republican - to visit college, university and community college campuses around the country. Over the course of two days, the former Members conduct classes, hold forums, meet informally with students and faculty, and do interviews and talk show appearances with local press and media.

The Congress to Campus program provides a distinctive, powerful and personal means to educate the next generation about American government, politics and public affairs. The former Members provide students with insights into the realities of American democracy through sharing their real-life experiences as candidates and office holders. The former Members also deliver an important message about bipartisan cooperation.



Exhibit A
Agreement: 6991
Jay E Hakes

Waiver and Release**Independent Contractor**

This information is provided to Jay Hakes prior to my

(Your name)

series of lectures

(description of services/activities and dates services are to be performed)

at, or in conjunction with California State University Channel Islands, hereafter called CSUCI or the University. I understand and acknowledge that as a condition precedent to performing the above named services or participating in the above named activity:

- I am working as an independent contractor and not as an employee of California State University.
- I am solely responsible and liable for any and all taxes, expenses, interest, assessments, penalties, damage, attorneys' fees, or other costs which may arise from the performance of these services or activities.
- In consideration of my receipt of payment for, and /or my participation in _____ I do hereby waive, (activities/services) personally release, hold harmless and forever discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, against the California State University Channel Islands as a result of my participation in this event.
- This release is intended to discharge the State of California, the Trustees of the California State University, CSUCI, their agents, officers, employees and volunteers from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or the carelessness on the part of the University or persons mentioned above.
- I have read this Waiver and Release, and understand the terms used in it.
- This Waiver and Release is freely and voluntarily given with the understanding that rights to legal recourse against the State are knowingly given up in return for allowing my participation in the activity or service described above.

Jay Hakes
Participant's Signature

10/21/2008
Date

Witness

Date

* required

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2	PAYEE'S BUSINESS NAME Jay E Hakes, Inc. 1101 Juniper St NE MAILING ADDRESS (Number and Street or P.O. Box Number) # 1415 (CITY, STATE, and ZIP CODE) Atlanta, GA 30309	
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input checked="" type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) 20-4451615 Corp <input type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME - - - - -	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Jay E Hakes TITLE SIGNATURE <i>Jay E. Hakes</i> DATE 9/16/2008 TELEPHONE NUMBER 404-872-1781	

September 9, 2008

Jay Hakes, Director
Jimmy Carter Library and Museum
441 Freedom Parkway
Atlanta, Georgia 30307-1498

Dear Professor Hakes,

Thank you for participating in our American Politics in an Election Year speaker series. We are thrilled that you will be visiting.

You will be speaking throughout the day on November 18th.

We are pleased to offer you an honorarium of \$2,000 in gratitude for your participation and to cover your travel expenses.

If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Please let me know if you have any questions.

Sean Kelly
Associate Professor
Political Science Program
California State University Channel Islands
805/ 437.3309
sean.kelly@csuci.edu

Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

The coming presidential election is historic. For the first time since the 1950s neither an incumbent nor a Vice President is on the ballot. The Democratic nomination process is sure to produce a first: either the first woman or first African American at the top of a major party ticket. Participation in the electoral process has shattered records for voter turnout, especially among young voters who appear energized by their choices.

We propose a series of events centering on the elections of 2008. Programming throughout the Fall Semester is intended bring the excitement of the presidential contest on campus. In addition programming is aimed at highlighting the value of political and civic engagement. Our proposed program will expose students in a broad array of courses, across disciplines, to scholars and practitioners who will deliver contemporary perspectives on the state of American politics.

Our program is composed of two main elements: 1) a speaker series and, 2) three major events. Through the semester we expect to host an event every two weeks. We expect to work very closely with student groups (e.g., the Political Science student group Political Action Club) and the Center for Community Engagement to organize the events, promote the events, and host our speakers. These events will allow students a valuable opportunity to meet top scholars and influential practitioners.

Speaker Series:

Throughout the semester speakers will address policy and political issues of regional, state, and national interest. Invited participants will present in one or more classes and deliver a public lecture during the evening. The topics that we plan to cover through the series include:

1. The Politics of Budgeting and Government Spending
2. Environmental Politics in California and the Nation
3. Reforming Health Care and Extending Access
4. Partisanship and Bipartisanship in American Politics

We expect that two of the speakers will come from regional universities and two will be scholars with national reputations from outside of California.

Major events:

Congress on Campus: A three day event that brings two former members of Congress, one Democrat and one Republican, for a number of events. Congress on Campus is a joint program of the U.S. Association of Former Members of Congress and the Stennis Center for Public Service at Mississippi State University. Over the course of the three day event the members who visit campus will speak in courses, put on a public forum, and interact with the local media. Programming will focus on: 1) the value of public service and civic engagement, 2) the policy process and, 3) the role of civil discourse in addressing society's most contentious problems.

Election Watch Party: On the night of the election a large screen television will be set up in a campus location (Library, HUB or Courtyard). Food and drink will be available. Students will be encouraged to attend and watch the election returns. Faculty will provide occasional commentary on the election returns as they come in. Student

groups will assist in planning and promoting the event. Local media will be encouraged to cover the event.

Post-Election Roundtable: A roundtable session Wednesday, November 5th (the day after the presidential election) focusing on several themes: 1) the outcome of the election, 2) what we can expect from the new president and the new Congress, 3) the likely political dynamics and policy focus of the president's first year in office and 4) what the election means for California. The roundtable will be composed of distinguished scholars from the Southern California region. This high profile session will be scheduled and promoted to maximize student involvement and will also be open to the community. Local media will be encouraged to cover the event.

Among the program learning outcomes that these events address are that students will:

- participate as a civically engaged members of society;
- analyze political and policy problems and formulate policy options;
- demonstrate critical thinking, including the ability to form an argument, detect fallacies, and marshal evidence, about key issues of public policy and politics;

2. **Relation of IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

Political Science 150, American Political Institutions, is a course that is required by Title V of the state education code to teach students about the U.S. Constitution, the founding and contemporary application of constitutional design. These events will address these issues, and these events will be attended by students from the five sections that we will offer in the fall. In addition these events will be attended by students who are taking our course in the US Presidency, and other upper-division political science courses.

Our events will benefit the broader student body too. Events will address a number of policy issues and topics attractive to students and faculty in other programs: business, communication, environmental studies and resource management, and history courses (the exact courses will be determined as the Fall Semester course offerings in other programs solidify). Speakers will be made available for appropriate courses outside of political science. In fact, the Congress on Campus program requires that the members of Congress present to non-political science courses. Though we do not control which members will visit campus we plan to request members with background in business and politics, budgeting, environmental policy, and/or health policy.

In short, our cross-disciplinary approach will provide benefits across campus.

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

Knowledge of the Constitution, American political institutions, and public policy is a goal of Political Science 150. Students in Political Science 150 will be assessed in two ways to determine if the program has achieved its goals: 1) they will write reaction papers in response to the panel discussion and 2) there will be questions drawn from our functions that will be included in exams administered in class.

For activities that attract a wider audience we will request that faculty include substantive assignments in their coursework that will allow for evaluation in disciplines outside of political science. We will also administer evaluations of speakers that include substantive assessments of knowledge gained from the presentation.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding.

See below.


5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

See below.

6. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

 3/13/08
Project Sponsor Date

 3/13/08
Program Chair/Director Date

 3/17/08
Dean

RECEIVED

MAR 14 2008

Dean's Office

Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year

ACTIVITY BUDGET FOR 2008-2009

1. Operating Expense Budget

A. Supplies	300
B. Vendor Printing	1,000
C. In-State Travel	2,500
D. Out-of-State Travel	8,000
E. Equipment Rental	500
F. Equipment Purchase	
G. Contracts/Independent Contractors	
H. Honorarium	5,250
I. OPC Chargeback	800
J. Copier Chargeback	
K. Other	\$3,500
(Congress on Campus program fee)	
TOTAL Expenses	\$20,950

2. Revenue

A. Course Fees	
B. Ticket Sales	
C. Out of Pocket Student Fees (exclusive of course fees)	
D. Additional Sources of Funding (Please specify And indicate source)	\$2,500 (requested from Lottery funds)
E. Requested Allocation from IRA	\$18,450
Total Revenue	\$20,950

* required

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

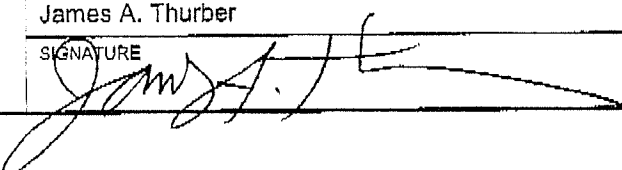
SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)
	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

2	PAYEE'S BUSINESS NAME James A. Thurber 2474 Tracy Place, NW MAILING ADDRESS (Number and Street or P.O. Box Number) (CITY, STATE, and ZIP CODE) Washington, DC 20008
---	--

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY		NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] - [] [] [] [] [] [] []	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	
	<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME [5][4][0]-[4][6]-[1][0][3][6] James A. Thurber		

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
	<input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	

5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) James A. Thurber		TITLE Professor
	SIGNATURE 	DATE 10/05/08	TELEPHONE NUMBER 202-422-3089

September 8, 2008

Professor James Thurber
Center for Congressional and Presidential Studies
School of Public Affairs
American University
Washington, DC 20016-8130

Dear Professor Thurber,

Thank you for participating in our American Politics in an Election Year speaker series. We are thrilled that you will be visiting.

You will be speaking throughout the day on October 13th.

We are pleased to offer you an honorarium of \$2,000 in gratitude for your participation and to cover your travel expenses.

If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Please let me know if you have any questions.

Sean Kelly
Associate Professor
Political Science Program
California State University Channel Islands
805/ 437.3309
sean.kelly@csuci.edu

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(To be used for transactions other than employee travel or those requiring a purchase order or service agreement.)

MAKE CHECK PAYABLE TO:

Name: Jose Marichal, Ph.D./CLU

Address 1: Campus Box 3800

Address 2: 60 West Olsen Road

City, State Zip: Thousand Oaks, CA 91360

Amount \$ 500.00

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check will be:

- ☐ Mailed to the address at left
☒ Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Marichal Honorarium

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexho (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for speaker for IRA funded speaker series, American Politics in an Election Year. See attached proposal. Payee Data Form attached, was previously faxed to Procurement. Offer letter attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	769	90209			\$500.00
Total						\$500.00

Requested Mary Devins x3253
 Printed Name & Extension

Mary Devins 10/28/08
 Signature Date

Approved by: Dan Wakelee
 Printed Name

Dan Wakelee 10/28/08
 Signature Date

Devins, Mary

From: Leloup, Lance [leloup@wsu.edu]
Sent: Tuesday, October 28, 2008 3:49 PM
To: Devins, Mary
Cc: Kelly, Sean Q.; Stout, Mary
Subject: FW: PO for Lance LeLoup

243

Dear Mary

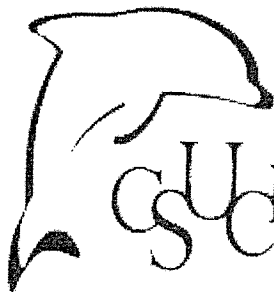
As agreed in my letter of invitation, CSUCI agreed to pay me an honorarium of \$2000.00 for my lectures on October 28, 2008. Please consider this message an invoice for those services. My purchase order number is #7021. Thank you for your assistance and it was nice to meet you today. If there is a problem or anything else is needed, please email Sean.

best wishes, Lance


From: Kelly, Sean Q. [mailto:sean.kelly@csuci.edu]
Sent: Tue 10/28/2008 3:44 PM
To: Leloup, Lance
Subject: FW: PO for Lance LeLoup

APPROVED FOR PAYMENT
 BY [Signature]
 DATE 10-29-08
 ACCT 613802 TR 910 769 90209
 CONTRACT/PO 7021
☐ PARTIAL PAYMENT
☒ PAYMENT IN FULL

Sean Q Kelly
 Associate Professor of Political
 Science
 California State University
 Channel Islands
 One University Drive
 Sage Hall Room 2041
 Camarillo, CA 93012
 805-437-3309
 805-437-8951 fax
sean.kelly@csuci.edu
<http://faculty.csuci.edu/sean.kelly>



CALIFORNIA STATE UNIVERSITY
 CHANNEL ISLANDS

 Please consider the environment
 before printing email

From: Devins, Mary
Sent: Tuesday, October 28, 2008 10:18 AM
To: Kelly, Sean Q.
Subject: PO for Lance LeLoup

Hi Sean,

PO # 7021 is the number that needs to be referenced on the invoice from Lance LeLoup. He can send me an email which could serve as the invoice.

Thanks,

Mary Devins
 Faculty Support Coordinator

10/29/2008

September 8, 2008 -

Professor Lance LeLoup
Department of Political Science
Washington State University
Johnson Tower
Pullman, WA 99164-4880

243

Dear Professor LeLoup,

Thank you for participating in our American Politics in an Election Year speaker series. We are thrilled that you will be visiting.

You will be speaking throughout the day on October 27th.

We are pleased to offer you an honorarium of \$2,000 in gratitude for your participation and to cover your travel expenses.

If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Please let me know if you have any questions.

Sean Kelly
Associate Professor
Political Science Program
California State University Channel Islands
805/ 437.3309
sean.kelly@csuci.edu

PAYEE DATA RECORD

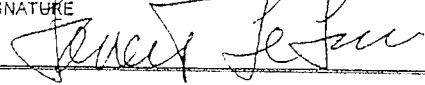
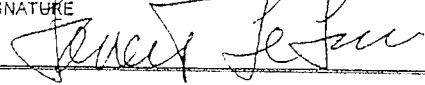
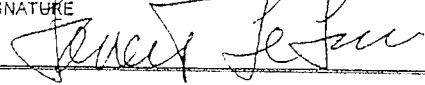
(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

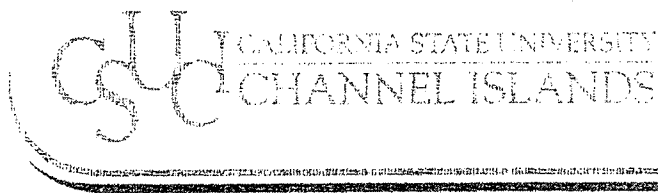
243

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands <hr/> STREET ADDRESS One University Drive <hr/> CITY, STATE, ZIP CODE Camarillo, CA 93012 <hr/> TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)						
2	PAYEE'S BUSINESS NAME Lance T. Leloup <hr/> 940 SW Monta Vista Circle <hr/> MAILING ADDRESS (Number and Street or P.O. Box Number) Pullman, WA 99163 <hr/> (CITY, STATE, and ZIP CODE)							
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] - [] [] [] [] [] [] [] []	NOTE: State and local governmental entities, including school districts are not required to submit this form.						
	<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER 11721-1381-16169131 OWNER'S FULL NAME Lance T. Leloup	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.						
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)						
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. <hr/> <table border="1"> <tr> <td data-bbox="284 1680 885 1753"> AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lance T. Leloup </td> <td data-bbox="901 1680 1161 1753"> TITLE Professor </td> </tr> <tr> <td data-bbox="284 1753 885 1837"> SIGNATURE  </td> <td data-bbox="901 1753 1469 1837"> <table border="1"> <tr> <td data-bbox="901 1753 1161 1837"> DATE 10/13/08 </td> <td data-bbox="1177 1753 1469 1837"> TELEPHONE NUMBER 509 335 2542 </td> </tr> </table> </td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lance T. Leloup	TITLE Professor	SIGNATURE 	<table border="1"> <tr> <td data-bbox="901 1753 1161 1837"> DATE 10/13/08 </td> <td data-bbox="1177 1753 1469 1837"> TELEPHONE NUMBER 509 335 2542 </td> </tr> </table>	DATE 10/13/08	TELEPHONE NUMBER 509 335 2542
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lance T. Leloup	TITLE Professor							
SIGNATURE 	<table border="1"> <tr> <td data-bbox="901 1753 1161 1837"> DATE 10/13/08 </td> <td data-bbox="1177 1753 1469 1837"> TELEPHONE NUMBER 509 335 2542 </td> </tr> </table>	DATE 10/13/08	TELEPHONE NUMBER 509 335 2542					
DATE 10/13/08	TELEPHONE NUMBER 509 335 2542							

* required



September 8, 2008

243

Professor Lance LeLoup
Department of Political Science
Washington State University
Johnson Tower
Pullman, WA 99164-4880

Dear Professor LeLoup,

Thank you for participating in our American Politics in an Election Year speaker series. We are thrilled that you will be visiting.

You will be speaking throughout the day on October 27th.

We are pleased to offer you an honorarium of \$2,000 in gratitude for your participation and to cover your travel expenses.

If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Please let me know if you have any questions.

Sean Kelly
Associate Professor
Political Science Program
California State University Channel Islands
805/ 437.3309
sean.kelly@csuci.edu

I accept your
offer to speak and
look forward to coming.
Mary Devins

2-13

**MICKEY EDWARDS
WASHINGTON, DC 20036**

February 2, 2009

California State University Channel Islands

Invoice

This invoice is for Mickey Edwards' participation in CSUCI's American Politics in an Election Year speaker series. The honorarium is to be paid according to the attached offer letter.

Honorarium for Mickey Edwards\$2,500.00

TOTAL.....\$2,500.00

Please remit payment to **Mickey Edwards** and submit to:

*Mickey Edwards
c/o The Aspen Institute
Aspen-Rodel Fellowships in Public Leadership
One Dupont Circle, NW
7th Floor
Washington, DC 20036*

APPROVED FOR PAYMENT

BY [Signature]

DATE 2-2-09

ACCT 613802 TK910 769 90209

CONTRACT/PO 7212

☐ PARTIAL PAYMENT

☒ PAYMENT IN FULL



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News Releases

CSUCI Hosts Author and Former Congressman Mickey Edwards for Discussion

Camarillo, Calif., Jan. 16, 2009 – The Political Science Program at California State University Channel Islands will host a discussion featuring Mickey Edwards, a lecturer in public and international affairs and former congressman on Monday, Jan. 26. The discussion, entitled, "Reclaiming Conservatism: How a Great American Political Movement Got Lost – And How It Can Find Its Way Back," will be held from 4:30 to 6 p.m. in Aliso Hall room 150 on the CSU Channel Islands campus.

This event is free and open to the campus community and public. Limited parking is available on campus and is \$6 for a daily permit. Free parking is available at the Camarillo Metrolink Station/Lewis Road parking lot in Camarillo with shuttle service to and from the campus. Riders should board the CSU/CI VISTA Bus and the fare is \$1 each way. Buses arrive and depart from the Camarillo Metrolink Station every 30 minutes from 7 a.m. to 10 p.m. Monday through Friday. For exact times, check the schedule at www.goventura.org.

Edwards is a lecturer in public and international affairs at Princeton University's Woodrow Wilson School. Before arriving at Princeton he taught for 11 years at Harvard's John F. Kennedy School of Government, where he was the John Quincy Adams Lecturer in Legislative Practice. Edwards has also been a visiting lecturer at the Harvard Law School and a visiting professor at Georgetown University's Public Policy Institute. Before beginning a teaching career, Edwards was a member of Congress for 16 years and was a member of the House Republican Leadership, a member of the Appropriations and Budget Committees, and the ranking member of the House subcommittee on foreign operations.

Edwards' primary interest is in the field of constitutional studies. He is a director of The Constitution Project, has co-chaired task forces on the war power, on judicial independence, and on the constitutional amendment process, and was a member of the American Bar Association Task Force on Presidential Signing Statements. He has written, appeared on radio and television, and testified before Congress repeatedly on these and other subjects related to the Constitution. Edwards has been a weekly political commentator on NPR's "All Things Considered" and a weekly opinion columnist for the Los Angeles Times, Chicago Tribune and other major newspapers. He is author or co-author of three books, has written chapters in others, and is currently writing a book on American conservatism and the Constitution to be published next spring by Oxford University Press.

For more information about this event contact Sean Kelly, Associate Professor of Political Science, at 805-437-3309 or sean.kelly@csuci.edu

For media inquiries contact Nancy Covarrubias Gill, Director of Communication & Marketing at CSU Channel Islands, at 805-437-8456 or nancy.gill@csuci.edu.

###

CSU Channel Islands is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges.

CSUCI Mission Statement

Placing students at the center of the educational experience, California State University Channel Islands provides undergraduate and graduate education that facilitates learning within and across disciplines through integrative approaches, emphasizes experiential and service learning, and graduates students with multicultural and international perspectives.



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CSU CHANNEL ISLANDS
ONE UNIVERSITY DRIVE
ATTN: ACCOUNTS PAYABLE△△
CAMARILLO, CA 93012

Invoice #: 00011141
Invoice Date: 21Oct08
Invoice Total: 286.60
Direct Bill #: CSUCI
Contract #:
Page 1 of 1

C/O Date	Nts	Guest Name/Folio #	Folio Balance	
21Oct08	2	Folio #: 84391 - SMITH, DENNIS	286.60	
<p>APPROVED FOR PAYMENT BY <u>[Signature]</u> DATE <u>10-31-08</u> ACCT <u>606001 TRGID</u> 769 90209 CONTRACT/PO _____ <input type="checkbox"/> PARTIAL PAYMENT <input checked="" type="checkbox"/> PAYMENT IN FULL</p>				
Current	31 - 60	61 - 90	Over 90	Total Due
286.60				286.60

Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, the it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%] or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

Courtyard by Marriott
Camarillo
4994 Verdugo Way, Camarillo, CA 93012
Telephone (805) 388 1020 Facsimile (805) 987 6274
Marriott.com/OXRCH

Operated under a license agreement from Marriott International Inc.



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CSU CHANNEL ISLANDS
ONE UNIVERSITY DRIVE
ATTN: ACCOUNTS PAYABLE△△
CAMARILLO, CA 93012

Invoice #: 00011142
Invoice Date: 22Oct08
Invoice Total: 389.40
Direct Bill #: CSUCI
Contract #:
Page 1 of 1

C/O Date Nts Guest Name/Folio #				Folio Balance
22Oct08	3	Folio #: 84390 - DERRICK, BUTLER		389.40
<p>APPROVED FOR PAYMENT BY <u>[Signature]</u> DATE <u>10-31-08</u> ACCT <u>606001</u> <u>TK910</u> 769 90209 CONTRACT/PO _____ <input type="checkbox"/> PARTIAL PAYMENT <input checked="" type="checkbox"/> PAYMENT IN FULL</p>				
Current	31 - 60	61 - 90	Over 90	Total Due
389.40				389.40

Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, the it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%] or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

Courtyard by Marriott
Camarillo
4994 Verdugo Way, Camarillo, CA 93012
Telephone (805) 388 1020 Facsimile (805) 987 6274
Marriott.com/OXRCH

Operated under a license agreement from Marriott International Inc.



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CSU CHANNEL ISLANDS
ONE UNIVERSITY DRIVE
ATTN: ACCOUNTS PAYABLE△△
CAMARILLO, CA 93012

Invoice #: 00011139
Invoice Date: 14Oct08
Invoice Total: 259.60
Direct Bill #: CSUCI
Contract #:
Page 1 of 1

C/O	Date	Nts	Guest Name/Folio #	Folio Balance
14Oct08	2	Folio #:	84363 - THURBER, JAMES	259.60
<p>APPROVED FOR PAYMENT BY <u>[Signature]</u> DATE <u>12-31-08</u> ACCT <u>1006001 TR 910 769 90209</u> CONTRACT/PO _____ <input type="checkbox"/> PARTIAL PAYMENT <input checked="" type="checkbox"/> PAYMENT IN FULL</p>				
Current	31 - 60	61 - 90	Over 90	Total Due
259.60				259.60

Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, the it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month (annual rate of 18%) or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

Courtyard by Marriott
Camarillo
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Telephone (805) 388 1020 Facsimile (805) 987 6274
Marriott.com/OXRCH

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Division of Academic Affairs

September 9, 2008

To: Mary Devins

Les Francis, Executive Vice President
Goddard-Claussen
701 8th Street NW, Suite 400
Washington, DC 20001

Dear Mr. Francis,

Thank you for participating in our American Politics in an Election Year speaker series. We are thrilled that you will be visiting.

You will be speaking throughout the day on September 18th.

We are pleased to offer you an honorarium of \$1,000 in gratitude for your participation and to cover your travel expenses.

If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we will try to have your honorarium check available for you when you arrive.

Please let me know if you have any questions.

Sean Kelly
Associate Professor
Political Science Program
California State University Channel Islands
805/ 437.3309
sean.kelly@csuci.edu

I apologize for
the delay in getting
this to you.

Thank you
by Thomas
11/4/08

243

State of California—Department of Health Services

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands STREET ADDRESS One University Drive CITY, STATE, ZIP CODE Camarillo, CA 93012 TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on Page 2)</i>
2	PAYEE'S BUSINESS NAME Leslie C. Francis MAILING ADDRESS (Number and Street or P.O. Box Number) 6300 30 th St NW (CITY, STATE, and ZIP CODE) Washington, DC 20015	
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] [] - [] [] [] [] [] [] [] [] <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER 5160-1561-4591 OWNER'S FULL NAME LESLIE C. FRANCIS	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Leslie C. Francis TITLE Consultant SIGNATURE Leslie C. Francis DATE 11/4/08 TELEPHONE NUMBER 202-362-4989	



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California State University Channel Islands
Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Leslie C. Francis

Address 1: 6300 30th Street NW

Address 2: _____

City, State Zip: Washington, DC 20015

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check will be:

- ☒ Mailed to the address at left
☐ Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ 1000.00

Francis Honorarium

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for speaker for IRA funded speaker series, American Politics in an Election Year. See attached proposal. Payee Data Form attached, was previously faxed to Procurement. Offer letter attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	769	90209			\$1,000.00
Total						\$1,000.00

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins
Signature

11/6/08
Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee
Signature

11/6/08
Date



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CSU CHANNEL ISLANDS
ONE UNIVERSITY DRIVE
ATTN: ACCOUNTS PAYABLE△△
CAMARILLO, CA 93012

Invoice #: 00011221
Invoice Date: 18Nov08
Invoice Total: 129.80
Direct Bill #: CSUCI
Contract #:
Page 1 of 1

C/O Date	Nts	Guest Name/Folio #	Folio Balance	
18Nov08	1	Folio #: 86498 - HAKES, JAY	129.80	
<div>APPROVED FOR PAYMENT BY <u>[Signature]</u> DATE <u>12-5-08</u> ACCT <u>606001</u> TK910 769 90209 CONTRACT/PO _____ <input type="checkbox"/> PARTIAL PAYMENT <input checked="" type="checkbox"/> PAYMENT IN FULL</div>				
Current	31 - 60	61 - 90	Over 90	Total Due
129.80				129.80

Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, the it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month (annual rate of 18%) or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

Courtyard by Marriott
Camarillo
4994 Verdugo Way, Camarillo, CA 93012
Telephone (805) 388 1020 Facsimile (805) 987 6274
Marriott.com/OXRCH

Operated under a license agreement from Marriott International Inc.



Courtyard by Marriott
Camarillo

4994 Verdugo Way
Camarillo, Ca 93012
T 805.388.1020

243

Jay Hakes

One University Drive

Camarillo CA 93012

Csuci

Room: 131

Room Type: GENR

Number of Guests: 1

Rate: \$119.00

Clerk: REC

Arrive: 17Nov08

Time: 05:44PM

Depart: 18Nov08

Time: 10:52AM

Folio Number: 86498

Date

Description

Charges

Credits

17Nov08

Room Charge

119.00

17Nov08

City Tax

10.71

17Nov08

Calif/Local Tourism Fee

0.09

This is a partial listing of guest charges. Subtotal: 129.80

As a Marriott Rewards member, you could have earned points towards your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk, MarriottRewards.com, or 801-468-4000.

Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%] or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.



243
Courtyard by Marriott
Camarillo

4994 Verdugo Way
Camarillo, Ca 93012
T 805.388.1020

Lance Leloup		Room: 270	
One University Dr		Room Type: GENR	
Camarillo CA 93012		Number of Guests: 1	
Cal State Channel Islands		Rate: \$119.00	Clerk: REC
Arrive: 27Oct08	Time: 04:44PM	Depart: 29Oct08	Time: 02:19PM
		Folio Number: 85206	
Date	Description	Charges	Credits

27Oct08	Room Charge	119.00	
27Oct08	City Tax	10.71	
27Oct08	Calif/Local Tourism Fee	0.09	
28Oct08	Restaurant Room Charge	12.67	—
28Oct08	Room Charge	119.00	
28Oct08	City Tax	10.71	
28Oct08	Calif/Local Tourism Fee	0.09	
29Oct08	Restaurant Room Charge	15.89	—
Balance:		288.16	

As a Marriott Rewards member, you could have earned points towards your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk, MarriottRewards.com, or 801-468-4000.

Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%] or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.



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CSU CHANNEL ISLANDS
ONE UNIVERSITY DRIVE
ATTN: ACCOUNTS PAYABLE△△
CAMARILLO, CA 93012

Invoice #: 00011199
Invoice Date: 29Oct08
Invoice Total: 288.16
Direct Bill #: CSUCI
Contract #:
Page 1 of 1

C/O	Date	Nts	Guest Name/Folio #	Folio Balance
	29Oct08	2	Folio #: 85206 - LELOUP, LANCE	288.16
<p>APPROVED FOR PAYMENT BY <u>[Signature]</u> DATE <u>12-6-08</u> ACCT <u>606001 TK910 769 90209</u> CONTRACT/PO _____ <input checked="" type="checkbox"/> PARTIAL PAYMENT \$259.60 <input type="checkbox"/> PAYMENT IN FULL</p> <p>Per Melany Arbues at Marriott We can deduct the restaurant charges and submit the partial payment.</p>				
Current	31 - 60	61 - 90	Over 90	Total Due
288.16				288.16

Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, the it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month (annual rate of 18%) or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

Courtyard by Marriott
Camarillo
4994 Verdugo Way, Camarillo, CA 93012
Telephone (805) 388 1020 Facsimile (805) 987 6274
Marriott.com/OXRCH

Operated under a license agreement from Marriott International Inc.



California State University Channel Islands
Check Request Form

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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: US Association of Former Members of Congress

PeopleSoft Vendor ID: 5205

Address 1: 1401 K Street NW Ste 503

Note: New vendors must complete a Form 204

Address 2: _____

City, State Zip: Washington, DC 20005

Check will be:

☒ Mailed to the address at left

☐ Picked up from Cashier - Ext _____

Description as it should appear on reports (30 characters)

Amount \$ 3500.00

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input checked="" type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Dues for Congress on Campus program, and IRA funded program . IRA proposal attached. Vendor already in database.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
660816	TK910	769	90209			\$3,500.00
Total						\$3,500.00

Requested

Mary Devins x3253

Printed Name & Extension

Signature

9/18/08

Date

Approved by:

Dan Wakelee

Printed Name

Signature

Date

243

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1	DEPARTMENT/OFFICE CSU Channel Islands <hr/> STREET ADDRESS One University Drive <hr/> CITY, STATE, ZIP CODE Camarillo, CA 93012 <hr/> TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)						
2	PAYEE'S BUSINESS NAME <u>U.S. Association of Former Members of Congress</u> <u>1401 K Street, NW Suite 503</u> <small>MAILING ADDRESS (Number and Street or P.O. Box Number)</small> <u>Washington DC 20005</u> <small>(CITY, STATE, and ZIP CODE)</small>							
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input checked="" type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS <small>FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)</small> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> </div> <div style="width: 35%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR <small>SOCIAL SECURITY NUMBER</small> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> <small>OWNER'S FULL NAME</small> <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div> </div>							
4	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input checked="" type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA </div> <div style="width: 25%;"> NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2) </div> </div>							
5	<p><i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <small>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</small> <u>Pete Weichlein</u> </td> <td style="width: 50%; vertical-align: top;"> <small>TITLE</small> <u>Executive Director</u> </td> </tr> <tr> <td style="vertical-align: top;"> <small>SIGNATURE</small> </td> <td style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"><small>DATE</small> <u>9/16/08</u></td> <td style="width: 50%;"><small>TELEPHONE NUMBER</small> <u>202-222-0972</u></td> </tr> </table> </td> </tr> </table>		<small>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</small> <u>Pete Weichlein</u>	<small>TITLE</small> <u>Executive Director</u>	<small>SIGNATURE</small> 	<table style="width: 100%;"> <tr> <td style="width: 50%;"><small>DATE</small> <u>9/16/08</u></td> <td style="width: 50%;"><small>TELEPHONE NUMBER</small> <u>202-222-0972</u></td> </tr> </table>	<small>DATE</small> <u>9/16/08</u>	<small>TELEPHONE NUMBER</small> <u>202-222-0972</u>
<small>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</small> <u>Pete Weichlein</u>	<small>TITLE</small> <u>Executive Director</u>							
<small>SIGNATURE</small> 	<table style="width: 100%;"> <tr> <td style="width: 50%;"><small>DATE</small> <u>9/16/08</u></td> <td style="width: 50%;"><small>TELEPHONE NUMBER</small> <u>202-222-0972</u></td> </tr> </table>	<small>DATE</small> <u>9/16/08</u>	<small>TELEPHONE NUMBER</small> <u>202-222-0972</u>					
<small>DATE</small> <u>9/16/08</u>	<small>TELEPHONE NUMBER</small> <u>202-222-0972</u>							

YEAR

Withholding Exemption Certificate

CALIFORNIA FORM

2008

(This form can only be used to certify exemption from nonresident withholding under California R&TC Section 18662. This form cannot be used for exemption from wage withholding.)

590

File this form with your withholding agent. (Please type or print)

Withholding agent's name

Peter Weichlein

Vendor/Payee's name

Former Members of Congress, Inc.

Vendor/Payee's ☐ SSN or ITIN
☐ SOS file no. ☐ CA corp. no. ☒ FEIN

54-0883744

Address (including number and street, PO Box, or PMB no.)

1401 K Street, NW

Apt. no./ Ste. no.

5 0 3

City

Washington

State

D C

ZIP Code

2 0 0 0 5

I certify that for the reasons checked below, the entity or individual named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual. Read the following carefully and check the box that applies to the vendor/payee:

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Who is a Resident, for the definition of a resident.

☐ **Corporations:**

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State to do business in California. The corporation will file a California tax return and withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information E, What is a Permanent Place of Business, for the definition of permanent place of business.

☐ **Partnerships:**

The above-named partnership has a permanent place of business in California at the address shown above or is registered with the California Secretary of State (SOS), and is subject to the laws of California. The partnership will file a California tax return and will withhold on foreign and domestic nonresident partners when required. If the partnership ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a Limited Liability Partnership (LLP) is treated like any other partnership.

☐ **Limited Liability Companies (LLC):**

The above-named LLC has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The LLC will file a California tax return and will withhold on foreign and domestic nonresident members when required. If the LLC ceases to do any of the above, I will promptly notify the withholding agent.

☒ **Tax-Exempt Entities:**

The above-named entity is exempt from tax under California R&TC Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) (3) _____ (insert number). The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, IRAs, or Qualified Pension/Profit Sharing Plans:**

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee of the above-named trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Vendor/Payee's name and title (type or print) Peter M. Weichlein, Exec. Director Daytime telephone no. (202) 222-0972

Vendor/Payee's signature ►  Date 09/16/2008

For Privacy Notice, get form FTB 1131.

7061083

Form 590 c2 2007

YEAR

CALIFORNIA FORM

2008 Nonresident Withholding Waiver Request**588****Part I Type Of Income Payments Subject To Withholding** (please check appropriate box)

- ☐ Partnership Distributions
 ☐ Limited Liability Company (LLC) Distributions
 ☐ S Corporation Distributions
☐ Payment to Independent Contractor
 ☐ Rents or Royalties
 ☒ Other Payments (specify) fee for educ. service
☐ Trust Distributions
 ☐ Estate Distributions

Part II Requester Information

Name of requester CSU Channel Islands		<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> CA Corp. no. <input type="checkbox"/> FEIN	
Address (including number and street, PO Box, or PMB no.) One University Drive			Apt. no./Ste. no.
City Camarillo	State CA	ZIP Code 93012	
Name of contact person	Daytime telephone number (805) 437 8400	FAX number ()	

Part III Withholding Agent Information

Name of withholding agent, S corp., partnership, LLC, estate, or trust (If more than one, attach a separate list.) CSU Channel Islands		<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> CA Corp. no. <input type="checkbox"/> FEIN	
Address (including number and street, PO Box, or PMB no.) One University Drive			Apt. no./Ste. no.
City Camarillo	State CA	ZIP Code 93012	
Name of contact person	Daytime telephone number (805) 837 8400	FAX number ()	

If more space is needed, attach a separate list.

☒ Check the box if you would like a copy of the reply sent to the withholding agent.**Part IV Vendor/Payee Information**

Names of vendors/payees	SSN or ITIN, CA Corp. no., or FEINs	Reason for waiver request, use the applicable letter codes from Part V.
Former Members of Congress, Inc.	54-0883744	E

If more space is needed, attach a separate list.

Part V Reason For Waiver Request

- A Vendor/payee has California state tax returns on file for the two most recent taxable years in which the vendor/payee has a filing requirement. Vendor/payee is considered current on any outstanding tax obligations with the Franchise Tax Board.
- B Vendor/payee is making timely estimated tax payments for the current taxable year. Vendor/payee is considered current on any outstanding tax obligations with the Franchise Tax Board.
- C Vendor, S corporation shareholder, partner, or member is a corporation that is not qualified to do business and does not have a permanent place of business in California but is filing a tax return based on a combined report with a corporation that does have a permanent place of business in California. On an attached sheet explain fully and provide the name and California corporation number of the corporation filing the combined report. Attach a copy of Schedule R-7 from the combined report.
- D Shareholder, partner, or member is a newly admitted S corporation shareholder, partner, or member. A newly admitted S corporation shareholder, partner, or member is any entity that becomes a shareholder, partner, or member in the above-listed S corporation, partnership, or LLC after the end of the S corporation's, partnership's, or LLC's taxable year. Provide the date that this shareholder, partner, or member was admitted.
- E Other - Attach specific reason and include substantiation that would justify a waiver of withholding.

Part VI Perjury Statement

Under penalties of perjury, I declare that I have examined this request, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of paid preparer is based on all information of which preparer has any knowledge.

Requester's name and title (type or print)	() Daytime telephone no.
Requester's signature	Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

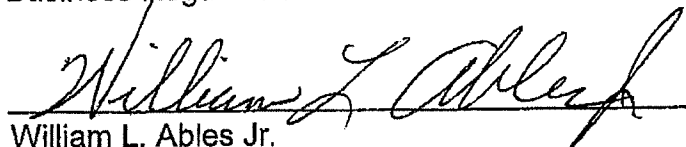
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia NonProfit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF REINSTATEMENT** is hereby issued to:

FORMER MEMBERS OF CONGRESS

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **22nd** day of **January, 2002**.

David Clark
DIRECTOR

Elizabeth O. Kim
Administrator
Business Regulation Administration


William L. Ables Jr.
Act. Assistant Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor

Internal Revenue Service

Washington, D.C. 20544

Date: FEB 25 1971

In reply refer to:

T:MS:EO:R:3



Former Members of Congress
300 North Lee Street, Room 304
Alexandria, Virginia 22314

EIN 54-0883744

DO 52

Gentlemen:

We have considered your application for exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, and assuming your operations will be as stated in your exemption application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Code. Any changes in your purposes, character, or method of operation must be reported to the key District Director, Baltimore, Maryland, so he may consider the effect of the change on your exempt status. You must also report any change in your name or address.

Pending the issuance of regulations under section 509 of the Code, we are unable to make a determination as to whether you are a private foundation as defined in that section. Upon issuance of the regulations we will evaluate your application and make a determination as to whether you are a private foundation.

If upon issuance of the regulations we determine that you are a private foundation, you will be required to comply with the provisions of section 508(e), which specifies that a private foundation is not exempt unless its governing instrument includes certain provisions set forth in that section and the regulations thereunder. Failure to comply with the requirements of section 508(e) will result in retroactive revocation of this determination.

You are required to file the annual information return, Form 990, on or before the 15th day of the fifth month after the end of your annual accounting period which ends June 30. Failure to file the Form 990 by this date may subject you to a penalty of \$10.00 for each day during which failure continues up to a maximum of \$5,000.00.

Former Members of Congress

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your activities is unrelated trade or business as defined in section 513 of the Code.

You are not liable for Federal unemployment taxes. You are liable for social security taxes only if you have filed waiver of exemption certificates as provided for in the Federal Insurance Contributions Act. (Your District Director will be glad to tell you more about the latter point.)

You may deduct contributions to you as provided by section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Contributions deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Dues, subscriptions, ticket purchases, and similar payments may not necessarily qualify as deductible contributions, depending on the circumstances.

You need an employer identification number even if you don't have any employees. This number is used on all your tax returns and in your correspondence with the Internal Revenue Service.

We are informing your key District Director of this ruling. If you have any questions, please contact him.

Thank you for your cooperation.

Sincerely yours,

J. A. Tedesco

Chief, Rulings Section
Exempt Organizations Branch



GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF TAX AND REVENUE

059124

CERTIFICATE OF EXEMPTION

ISSUED PURSUANT TO DISTRICT OF COLUMBIA SALES AND USE TAX ACTS

REISSUED

THIS CERTIFIES THAT

U.S. ASSOC. OF FORMER MEMBERS OF
CONGRESS
233 PENNSYLVANIA AVE., S.E., #200
WASHINGTON, D.C. 20003-1107

DATE ISSUED

05/21/01

CERTIFICATE NUMBER

350000004020

THIS CERTIFICATE IS
NONTRANSFERABLE

HERBERT J. HUFF
DEPUTY CFO

is entitled to exemption from the District of Columbia Sales and Use Tax
under authority of the District of Columbia Sales and Use Tax Acts.

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE

FR-551 (REV. 10/97)

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Devins, Mary

From: Jay E. Hakes [jayhakes@comcast.net]
Sent: Wednesday, November 26, 2008 3:30 PM
To: Devins, Mary
Subject: RE: Honorarium for CSUCI visit

Thank you for the information on invoicing. Pursuant to Purchase Order No. 6991, I delivered two lectures at California State University Channel Islands on Tuesday, November 18, 2008. My fee for these lectures is \$2,000. I enjoyed the opportunity to visit CSUCI very much. Please let me know if I can provide any other information. Jay Hakes

From: Devins, Mary [mailto:mary.devins@csuci.edu]
Sent: Wednesday, November 26, 2008 5:51 PM
To: jayhakes@comcast.net
Subject: Honorarium for CSUCI visit

Dear Dr. Hakes,

Thank you for your recent talk here at CSUCI. I am following up on your honorarium check. You should have received a fax or a letter from our Procurement Department with the purchase order for your honorarium some time last month. What I need from you in order to have the check issued is an invoice referencing the Purchase Order number which was 6991. A simple fax or email indicating the November 18th date that you came to speak on and that the fee was \$2000 would work just fine as an invoice. You can fax it to me at (805) 437-8864 or email me at mary.devins@csuci.edu.

Please do not hesitate to contact me should you have any additional questions. Account Payable can issue your check as soon as we receive the invoice.

Thank you,

Mary Devins
 Faculty Support Coordinator
 Communication, ESRM, Spanish/Languages, and IRA

CSU Channel Islands
 One University Drive
 Camarillo, CA 93012

(805) 437-3253

mary.devins@csuci.edu

APPROVED FOR PAYMENT
 BY [Signature]
 DATE 11/26/08
 ACCT 613802 TK 910 769 90209
 CONTRACT/PO 6991
☐ PARTIAL PAYMENT
☒ PAYMENT IN FULL \$2000.00

quasi tristes, semper autem gaudentes: sicut agentes, multos autem locupletantes: tamquam nihil habentes, et omnia possidentes

11/26/2008



243
Received
CSUCI Accounting

2009 FEB 17 A 11:59

CSU CHANNEL ISLANDS
ONE UNIVERSITY DRIVE
ATTN: ACCOUNTS PAYABLE△△
CAMARILLO, CA 93012

Invoice #: 00011321
Invoice Date: 27Jan09
Invoice Total: 259.58
Direct Bill #: CSUCI
Contract #:
Page 1 of 1

C/O	Date	Nts	Guest Name/Folio #	Folio Balance
27Jan09	2	Folio #:	88986 - EDWARDS, MICKEY	259.58
<p>APPROVED FOR PAYMENT ACCOUNTING DEPT. BY <u>[Signature]</u> DATE <u>2/19/09</u> ACCT <u>606001</u> TK <u>910</u> 769 90209 CONTRACT/PO _____ <input type="checkbox"/> PARTIAL PAYMENT <input checked="" type="checkbox"/> PAYMENT IN FULL</p>				
Current	31 - 60	61 - 90	Over 90	Total Due
259.58				259.58

Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, the it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month (annual rate of 18%) or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

Courtyard by Marriott
Camarillo
4994 Verdugo Way, Camarillo, CA 93012
Telephone (805) 388 1020 Facsimile (805) 987 6274
Marriott.com/OXRCH

Operated under a license agreement from Marriott International Inc.



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Courtyard by Marriott
Camarillo4994 Verdugo Way
Camarillo, Ca 93012
T 805.388.1020

Mickey Edwards		Room: 103	
One University Drive		Room Type: GENR	
Camarillo CA 93012		Number of Guests: 1	
Csuci		Rate: \$119.00	Clerk: REC
Arrive: 25 Jan 09	Time: 02:19 PM	Depart: 27 Jan 09	Time: 01:21 PM
		Folio Number: 88986	
Date	Description	Charges	Credits

25 Jan 09	Room Charge	
25 Jan 09	City Tax	119.00
25 Jan 09	Calif/Local Tourism Fee	10.71
26 Jan 09	Room Charge	0.08
26 Jan 09	City Tax	119.00
26 Jan 09	Calif/Local Tourism Fee	10.71
		0.08

This is a partial listing of guest charges. Subtotal: 259.58

As a Marriott Rewards member, you could have earned points towards your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk, MarriottRewards.com, or 801-468-4000.

Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%] or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.



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Invoice Number	Invoice Date	Account Number
9-088-05943	Feb 13, 2009	2037-9307-3

Page
1 of 4

FedEx Tax ID: 71-0427007

Billing Address:

CSUCI
BILL CD 20850
1 UNIVERSITY DR FL 2
CAMARILLO CA 93012-8599

Received
CSUCI Accounting
2009 FEB 17 A 11:38

Shipping Address:

CSUCI
1 UNIVERSITY DR FL 2
CAMARILLO CA 93012-8599

Invoice Questions?**Contact FedEx Revenue Services**

Phone: (800) 622-1147 M-F 7-6 (CST)
Fax: (800) 548-3020
Internet: www.fedex.com

Invoice Summary Feb 13, 2009**FedEx Express Services**

Transportation Charges		26.40
Base Discount		-17.61
Special Handling Charges		0.09
Total Charges	USD	\$8.88
TOTAL THIS INVOICE	USD	\$8.88

You saved \$17.61 in discounts this period!

Other discounts may apply.

APPROVED FOR PAYMENT - ACCOUNTING DEPT.

BY [Signature]DATE 2-19-09ACCT 660001 TK910 769 90209

CONTRACT/PO

☐ PARTIAL PAYMENT☒ PAYMENT IN FULL

To ensure proper credit, please return this portion with your payment to FedEx.
Please do not staple or fold. Please make check payable to FedEx.

☐ For change of address, check here and complete form on reverse side.**Remittance Advice****Your payment is due by Feb 28, 2009**

Invoice Number	Account Number	Amount Due
9-088-05943	2037-9307-3	USD \$8.88

2037930790880594327000000088884

AT 01 081576 42615B348 A**3DGT



CSUCI
BILL CD 20850
1 UNIVERSITY DR FL 2
CAMARILLO CA 93012-8599

FedEx
Dept. LA 21587
Pasadena CA 91185-1587



99328430114170

081576 1/2

6

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Invoice Number	Invoice Date	Account Number
9-088-05943	Feb 13, 2009	2037-9307-3

FedEx Express Shipment Summary By Payor Type

FedEx Express Shipments (Original)

Payor Type	Shipments	Rated Weight lbs	Transportation Charges	Special Handling Charges	Ret Chg/Tax Credits/Other	Discounts	Total Charges
Shipper	1		26.40	0.09		-17.61	8.88
Total FedEx Express	1		\$26.40	\$0.09		\$17.61	\$8.88
Total This Invoice						USD	\$8.88



Received
CSUCI Accounting
2009 FEB -6 P 4: 14

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FedEx USA Airbill

Express

Tracking Number 8409 1540 5771

1 From Please print and press hard

Date 2-5-09

Sender's FedEx Account Number

2037-9307-3

Sender's Name

Susan Milligan Phone (805) 437-8463

Company

CALIFORNIA STATE UNIV/CI

Address

1 UNIVERSITY DR

City

CAMARILLO

State

CA

ZIP

93012-8599

Dead Freight/Station

2 Your Internal Billing Reference

660001 TK910 7169 90209

3 To

Recipient's Name

Mickey Edwards Phone ()

Company

The Aspen Institute

Address One Dupont Circle, NW, 7th Floor

To "OUR" at FedEx location, print FedEx address.

Address Aspen-Rodel Fellowships in Public Leadership

Drop/Pickup/Station

Washington State DC ZIP 20036

Try online shipping at fedex.com

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Questions? Visit our Web site at fedex.com

or call 1.800.Go.FedEx® 800.463.3339

0245384798

0215
Sender's Copy

4a Express Package Service

☐ FedEx Priority Overnight

Next business morning

☒ FedEx Standard Overnight

Next business afternoon

☐ FedEx 2Day

Second business day

☐ FedEx Express Saver

Third business day

4b Express Freight Service

☐ FedEx 1Day/Freight*

Next business day

☐ FedEx 2Day Freight

Second business day

5 Packaging

☒ FedEx Envelope*

☐ FedEx Pak*

Includes Small Pak, FedEx Long Pak, and FedEx Saver Pak

*Declared value limit \$500

6 Special Handling

☐ SATURDAY Delivery

Available ONLY for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

☐ HOLD Saturday

at FedEx Location

☐ No

Does this shipment contain dangerous goods?

☐ Yes

One box must be checked:

☐ As per attached Shipper's Declaration

Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging.

☐ Dry Ice

By 12:59 PM 1/15/05

☒ Sender's Signature

Signature Section

Enter FedEx Acct. No. or Credit Card No. below.

☐ Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check

Total Packages

Total Weight

Total Declared Value*

\$.00

Est. Date

8 Release Signature

Your liability is limited to \$100 unless you declare a higher value. See back for details.

Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.
1.800.463.3339