

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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|---|-------|---|---|
| 1. Agency Name | | Date Stamp | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) | | Recvd 6/30/2017 | |
| Street Address | | | |
| Area Code/Phone Number | Email | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Last Name First Name Other _____ Name

Address _____ City _____ State _____ Zip Code _____

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

➔ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name _____ \$ _____ Amount

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

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
 Dates (month, day, year) Total Expenses

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

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

_____ Last Name First Name Position/Title Department/Division

_____ Last Name First Name Position/Title Department/Division

4. Verification

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

_____ Signature _____ Print Name _____ Title _____ (month, day, year)

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