

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name

Division, Department, or Region (if applicable)

Street Address

Area Code/Phone Number

Email

Agency Contact (name and title)

Date Stamp

California
Form 801

For Official Use Only

☐ **Amendment** (explain in comment section)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 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)_____
Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
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.

*Linda Spiegel*_____
Signature_____
Print Name_____
Title_____
(month, day, year)

Comment:

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