

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Date Stamp
California Form 801
For Official Use Only
Division, Department, or Region (if applicable)
Street Address
Area Code/Phone Number Email
Agency Contact (name and title)
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other California Electric Vehicle Coalition
Last Name First Name Name

1015 K Street Suite 200 Sacramento CA 95814
Address City State Zip Code

Electric vehicle membership association
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
Los Angeles, California
November 16 - 17, 2021
Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
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.
Meal provided during tour and demonstration for public officials at CalETC Power Lunch & Electric Car Tour of 2021 LA Auto Show

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 Linda Spiegel Chief Deputy Director February 14, 2022
Signature Print Name Title (month, day, year)

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