

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

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

## 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)