

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.

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

Comment:

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