

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

Date Stamp

**California Form 801**

For Official Use Only

Cal/EPA

Division, Department, or Region (if applicable)

Dept of Resources Recycling and Recovery (CalRecycle)

Street Address

1001 I Street, Sacramento, CA 95814

Area Code/Phone Number

916-341-6080

Email

elliott.block@calrecycle.ca.gov

Agency Contact (name and title)

Elliot Block, Chief Counsel

☐ Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Commission for Environmental Cooperation

Name

393 St-Jacques Street West, Suite 200

Montreal

Quebec

H2Y 1N9

Address

City

State

Zip Code

Support cooperation among the NAFTA partners to address environmental issues of continental concern, including the en

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

Toronto, Ontario, Canada

2/27/17-3/3/17

Location of Travel

Dates (month, day, year)

Delta

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

DoubleTree Downtown

Name of Lodging Facility

Check Applicable Boxes

\$ 620.00

\$ 435.00

\$ 430.00

\$ \_\_\_\_\_

\$ 1,485.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

### 3.1 (b) Payment(s) not related to travel:

\$ 0.00

Dates (month, day, year)

Total Expenses

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

Participation in North American Workshop on Food Waste Reduction and Recovery. Specifically on panel: Practical approaches to linking food waste to GHG reduction and other environmental and socio-economic benefits. SB 1383 tasks CalRecycle with recycling food waste and recovering edible

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

Smyth

Brenda

Branch Chief

CalRecycle, STAR

Last Name

First Name

Position/Title

Department/Division

Last Name

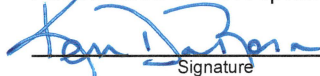
First Name

Position/Title

Department/Division

## 4. Verification

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



Signature

Ken DaRosa

Print Name

Chief Deputy Director

Title

March 13, 2017

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14)  
advice@fppc.ca.gov

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