

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Cal/EPA		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Department of Resources Recycling and Recovery			
Street Address 1001 I Street, Sacramento, CA 95812			
Area Code/Phone Number 916-341-6080	Email elliott.block@calrecycle.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Elliot Block, Chief Counsel			

2. Donor Name and Address

Individual _____ Other California Polytechnic State University Found

Last Name: _____ First Name: _____ Name: _____
 One Grand Avenue San Luis Obispo CA 93407
 Address City State Zip Code
 Research Foundation

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 _____ \$ _____
 Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Orlando, FL 3/9 - 3/12/14

Location of Travel Dates (month, day, year)

Southwest Rail Air Bus Auto Other Hilton Garden Inn

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 840.00 \$ 205.00 \$ 584.00 \$ 842.40 \$ 2,471.40
 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.

Participation in 2014 Plastics Recycling Conference. Plastics recycling is one of the components of achieving the state's 75% diversion goal. the conference brings together key parties to discuss and interact on plastic recycling programs.

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

<u>Hill</u>	<u>Jim</u>	<u>Recycling Specialist III</u>	<u>Sustainable Materials and R</u>
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] Carroll Mortensen Director 5/12/2014
 Signature Print Name Title (month, day, year)

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

