

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Natural Resources		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 95814			
Area Code/Phone Number 916-341-6080	E-mail 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 Carpet America Recovery Effort (CARE)

Last Name	First Name	Name
100 S. Hamilton Street	Dalton	GA 30720
Address	City	State Zip Code

Carpet Product Stewardship Organization

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) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 4/22-4/26/2013 \$ 1234.81
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Tampa, Florida

<u>4/22-4/26/ 2013</u>	\$ <u>550.56</u>	\$ <u>617.43</u>	\$ <u>66.82</u>	\$ <u>350</u>	\$ <u>1584.81</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Attendance and participation at National Conference on Carpet Recycling and Recovery programs

Identify the officials for whom the payment was used:

<u>Frevert</u>	<u>Kathleen</u>	<u>Sr Integrated Waste Sp</u>	<u>MMLA</u>
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Carroll Mortensen Carroll Mortensen Director 5/8/2013
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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