

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Department of Resources Recycling and Recovery (CalRecycle) <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 801 For Official Use Only
Street Address 801 K Street, Sacramento, CA 95814			
Area Code/Phone Number (916) 327-3006	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 National Electrical Manufacturers Assoc.

Last Name First Name Name
1300 North 17th Street, Suite 1752 Rosslyn VA 222091
Address City State Zip Code

Trade Association of Electrical Manufacturers, organized Battery Recycling Summit.

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:

Energizer	\$ 476.68	Duracell	\$ 476.68
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 4/6/2011 \$ 379
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Dallas, Texas

<u>4/6/2011</u>	\$ <u>575</u>	\$ <u>379</u>	\$ _____	\$ _____	\$ <u>954</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:

Enabled CalRecycle to have a representative at and participate in seminars and working group meetings at Battery Recycling Summit focusing on issues related to Extended Producer Responsibility.

Identify the officials for whom the payment was used:

<u>Lucy</u>	<u>Burke</u>	<u>Int. Waste Mgt. Specialist</u>	<u>Material Mgt. & Local Asst.</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.

Elliot W. Block Elliot Block Chief Counsel 4/28/2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

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