Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

Cal EPA

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

Email: elliot.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 Carpet America Recovery Effort (CARE) — Name

1001 S. Hamilton Street — Address

Dalton — City

GA — State

30720 — 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) 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

New Orleans, LA — Location of Travel

5/11/15-5/15/15 — Dates (month, day, year)

Southwest Airline — Transportation Provider

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other — Check Applicable Boxes

Hilton Hotel Riverside — Name of Lodging Facility

$ 477.00 Lodging Expenses

$ 0.00 Meal Expenses

$ 965.00 Transportation Expenses

$ 450.00 Other Expenses

$ 1,892.00 Total Expenses

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

_____ Dates (month, day, year)

$ 1,892.00 Total Expenses

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

Participation in face to face meeting with carpet processors/collectors subject to California's Carpet Stewardship laws. Learned about research of new recycling methods and provided information on California's on-going oversight. (Conference fee of $450 included meals)

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

Last Name	First Name	Position/Title	Department/Division
Frevert	Kathy	Sr Environmental Scientist	MMLA

4. Verification

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

Signature: [signature] — Print Name: Ken DaRosa — Title: Chief Dep. Director — (month, day, year): 06, 15, 2015

Comment:

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

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