

**Gift to Agency Report**

**A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> CalRecycle Division, Department, or Region (if applicable) Materials Management and Local Assistance Street Address 1001 I Street, Sacramento CA 95812 Area Code/Phone Number   E-mail 916-341-6246   kyle.pogue@calrecycle.ca.gov Agency Contact (name and title) Kyle Pogue, Environmental Program Manager		Date Stamp	<b>California Form 801</b> For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other ReFED (Rethink Food Waste)  
 Last Name First Name Name  
2120 University Ave Berkeley CA 94704  
 Address City State Zip Code

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) 7/5/18 \$ 1500  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Boston, Massachusetts

<u>6/24/18-6/28/18</u>	\$ <u>904.26</u>	\$ <u>1345.92</u>	\$ <u>104.24</u>	\$ <u>50</u>	\$ <u>2404.42</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:**

This was to attend the US Food Waste Summit at Harvard Law School in Cambridge, Massachusetts. I represented CalRecycle by sharing our organics legislation and funding of organics and food waste infrastructure. I made contacts with others working on these topics from around the US and from other countries.

**Identify the officials for whom the payment was used:**

<u>Pogue</u>	<u>Kyle</u>	<u>EPM I</u>	<u>CALRECYCLE/MMLA</u>
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.

[Signature] Scott Smithline Director 7-10-18  
 Signature of Agency Head or Designee First Name Title (month, day, year)

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