

Gift to Agency Report

A Public Document

GIFT 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 (CalRecycle)			
Street Address 1001 I Street			
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			

2. Donor Name and Address

Individual _____ Other Global Product Stewardship Council

Last Name: _____ First Name: _____ Name: _____
 PO Box 755 Turrumurra, NSW NS 2074
 Address City State Zip Code

An independent, not-for-profit forum for product stewardship (PS) development & online resource for information on PS.
 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) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Sydney, Australia

<u>3/31/18-4/7/18</u>	\$ <u>1766</u>	\$ <u>1250</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>3016</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:

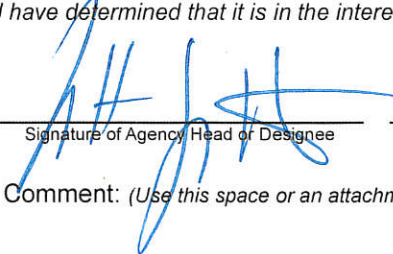
Trip was approved by Governor's Office for employee to speak at a conference in Sydney. Airfare and lodging expenses were covered directly by conference organizers. One lunch was included; all others the employee purchased herself. (6) breakfasts, (6) lunches, & (5) dinners.

Identify the officials for whom the payment was used:

<u>Dunn</u>	<u>Cynthia</u>	<u>Senior ES (Supervisory)</u>	<u>CalRecycle</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.


Scott Smithline Director 5/21/18
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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