

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>7/18/2023</u> (month, day, year)	
Agency Contact (name and title)			

2. Donor Name and Address

Individual _____ Other _____
Last Name First Name Name

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) 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

_____ Location of Travel _____ Dates (month, day, year) _____
_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

_____ \$ _____
Dates (month, day, year) Total Expenses

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

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

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

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

Dominic A. Brown _____
Signature Print Name Title (month, day, year)

Comment:

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