Street Address Street Address Part Address	ayment to Agency Re	eport	A Public De	ocument		PAYMENT TO AGENCY REPO	
Amendment (explain in comment section) Date of Original Filing: (month, day, year)	1. Agency Name				Date Stamp	California 80'	
Agency Contact (name and stile) Agency Contact (name and stile) Date of Original Filling:	Division, Department, or Regi	on (if applicable)				For Official Use Only	
Agency Contact (name and title) Date of Original Filing:	Street Address						
Donor Name and Address	Area Code/Phone Number	rea Code/Phone Number Email			Amendment (explain in comment section)		
Individual Last Name	Agency Contact (name and title)	ame and title)			Date of Original Fil	(month, day, year)	
Address City State Zip Code First Name	Donor Name and Addres	SS					
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	☐ Individual	First N	Name	☐ Other		Name	
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Name	Address		City		State	e Zip Code	
Name	If "Other" is marked, describe the entity's	business activity (if busine	ess) or its nature and int	terests.			
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)	If applicable, ic	lentify the name of ea	ach source and the	e amount(s) re	eceived by the donor	r for this payment:	
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)	Name	\$	Amount		Name	\$	
Dates (month, day, year) Dates (month, day, year) Dates (month, day, year)		loto Cootion					
Coation of Travel	Payment Information (C	omplete Section	s 3.1 (a or b),	3.2, 3.3)			
Rail	3.1 (a) Travel Payment						
Transportation Provider Check Applicable Boxes Name of Lodging Facility Lodging Expenses Shari Hanizawarsh Name of Lodging Facility Check Applicable Boxes Name of Lodging Facility Shari Hanizawarsh Name of Lodging Facility Name of Lodging Facility Shari Hanizawarsh Name of Lodging Facility Shari Hanizawarsh		Lo	ocation of Travel			Dates (month, day, year)	
\$\text{Lodging Expenses} \text{\$\text{Meal Expenses} \text{\$\text{Transportation Expenses} \text{\$\text{Other Expenses} \text{\$\text{Total Expenses} \text{\$\text{Total Expenses} \text{\$\text{Total Expenses} \text{\$\text{\$\text{Total Expenses} \text{\$\text{\$\text{\$\text{Dates (month, day, year)}} \$\text{	Towns della Davids	Rail	☐ Air ☐ Bı	us 🔲 Auto	Other	No. of Laboration Facility	
3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses Total Expenses	Transportation Provider		Check Applicable Bo	oxes		Name of Lodging Facility	
3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses Total Expenses	\$ \$.	Med Eveneses	\$	<u> </u>	Other Evenese	\$	
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 Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Shari Hanizawarsh		•	rransportation Exp	penses	•	Iolai Expenses	
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Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Shari Hanizawarah		·			_		
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I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Sheri Hanizavareh	Last Name	First Name		Posi	sition/Title Department/Division		
Sheri Hanizavareh	Verification						
Sheri Hanizavareh	I authorized the acceptance	of the reported pay	ment(s) as in co	mpliance wi	th FPPC regulatio	ns.	
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i ilit i talilo Illo (Illollili, de	Signature)		Print Name		Title	(month, day, year	

Payment to Agency Report Instructions

A Public Document

California Form 801

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest, Form 700.

When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

Website Posting:

State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

Local Agencies

The website posting rules differ for travel and non-travel payments.

Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to form801@fppc.ca.gov. Statements may also be mailed to 1102 Q Street, Suite 3000, Sacramento, CA 95811 or faxed to (916) 322-3711.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

Part 3. Payment Information

Expenses may be rounded to whole dollars.

Section 3.1.a. Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

Section 3.1.b. Report agency payments that are not travel related.

Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

Section 3.3. Identify Officials

Travel Payments: The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

Non-Travel Payments: The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.