

Payment to Agency Report

A Public Document

PAYMENT 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			
Street Address 1001 I Street, Sacramento, CA 95812			
Area Code/Phone Number 916-341-6080	Email 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, Chief Counsel			

2. Donor Name and Address

Individual _____ Other Carpet America Recovery Effort

Last Name _____ First Name _____ Name _____
100 S. Hamilton Street Dalton GA 30720
 Address _____ City _____ State _____ Zip Code _____

501(c)(3) facilitating industry efforts to recycle carpet.

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 Seattle, WA 5/6 - 5/9/14

Location of Travel _____ Dates (month, day, year) _____

Alaska Airlines Rail Air Bus Auto Other Seattle Renaissance Hotel

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ <u>750.00</u>	\$ <u>136.00</u>	\$ <u>271.00</u>	\$ <u>503.00</u>	\$ <u>1,660.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 0

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

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

Participation in 2014 CARE Annual Conference and Meeting. AB 2398 imposes requirements for the recycling of Carpet which the Dept. enforces. The conference brings together key parties to discuss and interact on carpet recycling programs and allows staff to keep current on current issues..

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

<u>Frevert</u>	<u>Kathy</u>	<u>Sr. Intergrated Waste Man</u>	<u>Sustainable Materials and R</u>
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.

Carol Mortensen Carol Mortensen Director 5/20/14

Signature _____ Print Name _____ Title _____ (month, day, year) _____

Comment:

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

