Division, Department, or Region (if applicable  Street Address  Area Code/Phone Number   Email    Agency Contact (name and title)  2. Donor Name and Address   Individual   Last Name    Address   If "Other" is marked, describe the entity's business activity    If applicable, identify the nate    Name    3. Payment Information (Complete S    3.1 (a) Travel Payment    Transportation Provider    \$_Lodging Expenses   \$_Meal Expense	e)	Date Stamp	California 801 Form For Official Use Only	
Area Code/Phone Number   Email    Agency Contact (name and title)  2. Donor Name and Address   Last Name    Address   If "Other" is marked, describe the entity's business activity    If applicable, identify the name    Name    3. Payment Information (Complete S    3.1 (a) Travel Payment    Transportation Provider    \$ \$ \$	2)	☐ Amendment (e.		
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☐ Individual ☐ Last Name  Address  If "Other" is marked, describe the entity's business activity  If applicable, identify the name  Name  8. Payment Information (Complete S  3.1 (a) Travel Payment  Transportation Provider	y Contact (name and title)		Date of Original Filing:(month, day, year)	
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Name  8. Payment Information (Complete S 3.1 (a) Travel Payment  Transportation Provider				
3.1 (a) Travel Payment  Transportation Provider	\$Amount	Mount(s) received by the dono  Name	r for this payment: \$	
3.1 (a) Travel Payment  Transportation Provider			Amount	
Transportation Provider	ections 3.1 (a of b), 3	2, 3.3)		
Transportation Provider	Location of Travel		Dates (month, day, year)	
Transportation Provider			_ ==== (=, ==,, , ==,	
\$ S Meal Expense	Rail Air Bus Check Applicable Boxes	Auto Other	Name of Lodging Facility	
	\$s Transportation Expen	ses Other Expenses	\$Total Expenses	
3.1 (b) Payment(s) not related to trav	el:	\$		
	D	ates (month, day, year)	Total Expenses	
<ul><li>3.2. Payment Description. Provide a</li><li>3.3. Identify the officials who used th</li></ul>			, parpose and deer	
Last Name I	First Name	Position/Title	Department/Division	
Last Name	First Name	Position/Title	Department/Division	
4. Verification				
I authorized the acceptance of the repor	ted payment(s) as in com	oliance with FPPC regulatio	ns.	
Signature	Print Name	Title	(month, day, year)	
- <del>3</del>	···· <del>-</del>		(, 22,, 100.)	

# 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.