

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Water Commission		Date Stamp DWR PERSONNEL 2015 MAR 25 PM 2:10	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1416 Ninth Street Sacramento, CA 94814			
Area Code/Phone Number (916) 651-0825	Email Brianna.Shoemaker@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>3-25-15</u> (month, day, year)	
Agency Contact (name and title) Brianna Shoemaker, Associate Governmental Program Analyst			

2. Donor Name and Address

Individual _____ Other Water Education for Latino Leaders

Last Name First Name Name

930 Colorado Boulevard, Building 2 Los Angeles CA 90041

Address City State Zip Code

Provide education for California's Latino elected officials for baseline knowledge about California's water system.

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 Palm Springs, CA March 5-6, 2015

Location of Travel Dates (month, day, year)

N/A Rail Air Bus Auto Other Renaissance Palm Springs Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 134.00 \$ 66.00 \$ 0.00 \$ 0.00 \$ 200.00

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.

Commission member Joe Del Bosque was a named speaker at the Water Education for Latino Leaders Conference. The host organization paid for Mr. Del Bosque's lodging and meals to attend the conference.

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

<u>Del Bosque</u>	<u>Joe</u>	<u>Vice Chair</u>	<u>CA Water Commission</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.

Rachel Ballanti Rachel Ballanti Acting Exec. Officer 3/25/15

Signature Print Name Title (month, day, year)

Comment:

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

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