Payment to Agency Report

1. Agency Name
   Fair Political Practices Commission
   Division, Department, or Region (if applicable)
   Legal

2. Donor Name and Address
   Name
   National Ethics Organization
   222 Washington St
   Washington
   D.C.
   20002
   Address
   City
   State
   Zip Code

   National non-profit that studies legislative advocacy issues.

   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) solicited or received by the donor for this gift:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. Payment Information

3.1 (a) Travel Payment
   Washington, D.C.
   7/1-7/2/13
   Location
   Dates (month, day, year)
   Transportation Provider
   Jet Blue
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other
   □ Check Applicable Boxes
   □ Holiday Inn
   Name of Lodging Facility
   □ $ 600 Lodging Expenses
   □ $ 150 Meal Expenses
   □ $ 1,500 Transportation Expenses
   □ $ 100 Other Expenses
   □ $ 2,350 Total Expenses
   □ $ (Round to whole dollars)

3.1 (b) Payment(s) other than for travel and meal expenses:

3.2. Provide a specific description of the agency business purpose for which the payment was used:
   Educational conference on political reform issues regarding California lobbying rules. Public outreach concerning laws administered by the agency before an organization that studies and provides education on the subject. Agency officials speaking on panels.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
</table>
   | Ravel     | n/a        | n/a            | FPPC
   | Ann       | n/a        | n/a            | Legal
   | Chair     | FPPC       | Legal          |                     |
   | Erin Peth | Executive Director | 7/15/XX |                     |

4. Verification
   I have determined that it is in the interests of the agency to accept this payment and use it for the official agency business described above.
   XXX
   Signature
   Erin Peth
   Print Name
   Executive Director
   Title

   Comment: (Use this space or an attachment for any additional information) taxi rides, gratuities, subway fare
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 employee, but is instead accepted on behalf of the agency.

**When and Where to File**
Upon receipt of a payment, an agency must complete this form following procedures set out in FPPC regulations 18944 and 18950.1, and maintain the form as a public document.

**Website Posting:** 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.

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 428 J Street, Suite 620, Sacramento, CA, 95814 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**

**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.