

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Natural Resources Agency		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 715 P Street, 20th Floor			
Area Code/Phone Number 916-653-5656	Email meghan.hertel@resources.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Meghan Hertel, Deputy Secretary for Biodiversity and Habitat		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Resources Legacy Fund

Last Name: _____ First Name: _____ Name: _____
 400 Capitol Mall, Suite 2150 Sacramento CA 95814
 Address City State Zip Code
 RLF works with philanthropists to conserve land, water, and ocean resources while advancing healthy communities.

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

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

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

10/03/2024 \$ 87,556.65
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Resources Legacy Fund donated external support for the Annual 30x30 Partners Summit. Tamara Torlakson - \$43,441.30
 South Yuba River Citizens League - \$750
 The Stewardship Network - \$43,365.35

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

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Bryan Cash Bryan Cash Assistant Secretary for Admin 10/25/2024
 Signature Print Name Title (month, day, year)

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



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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 3050, 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.

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PAYMENT TO AGENCY REPORT

1. Agency Name: Natural Resources Agency. Date Stamp: California Form 801. Division, Department, or Region: (if applicable). Street Address: 715 P Street, 20th Floor. Area Code/Phone Number: 916-653-5656. Email: meghan.hertel@resources.ca.gov. Agency Contact: Meghan Hertel, Deputy Secretary for Biodiversity and Habitat. Date of Original Filing: (month, day, year). Amendment: (explain in comment section).

2. Donor Name and Address

Individual: 19326 County Road 78, Brooks, CA 95606. Other: Seka Hills. Name: Seka Hills. Address: 19326 County Road 78. City: Brooks. State: CA. Zip Code: 95606.

Seka Hills is a specialty foods company owned by the Yocha Dehe Wintun Nation.

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:

Table with columns: Name, Amount, Name, Amount.

3. 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): _____. Transportation Provider: _____ Rail Air Bus Auto Other. Check Applicable Boxes. Name of Lodging Facility: _____. Lodging Expenses: \$_____. Meal Expenses: \$_____. Transportation Expenses: \$_____. Other Expenses: \$_____. Total Expenses: \$_____.

3.1 (b) Payment(s) not related to travel:

10/03/2024 \$ 300.00. Dates (month, day, year): _____. Total Expenses: _____.

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

Seka Hills donated beverages for the receptions following the Annual 30x30 Partnership Summit.

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

Table with columns: Last Name, First Name, Position/Title, Department/Division. Two rows for officials.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: Bryan Cash. Print Name: Bryan Cash. Title: Assistant Secretary for Admin. Date: 10/25/2024.

Comment:

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



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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.

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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.

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2. Donor Name and Address

Individual: 416 Longshore Drive, Ann Arbor, Michigan 48105. Other: Stewardship Network. Name: Stewardship Network. Address: 416 Longshore Drive. City: Ann Arbor. State: Michigan. Zip Code: 48105.

The Stewardship Network connects, equips, and mobilizes people & orgs to care for the land and water where they live. 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.

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Location of Travel: _____ Dates (month, day, year): _____ Transportation Provider: _____ Rail Air Bus Auto Other. Check Applicable Boxes. Name of Lodging Facility: _____ Lodging Expenses: \$ _____ Meal Expenses: \$ _____ Transportation Expenses: \$ _____ Other Expenses: \$ _____ Total Expenses: \$ _____

3.1 (b) Payment(s) not related to travel: 10/03/2024 \$ 8,990.00. Dates (month, day, year): Total Expenses:

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. The Stewardship Network donated shirts (365 count at \$18 value each), chocolate (300 count at \$7 value each), and books (40 count at \$8 value each) for the Annual 30x30 Partnership Summit.

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.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Signature: Bryan Cash. Print Name: Bryan Cash. Title: Assistant Secretary for Admin. Date: 10/25/2024.

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