

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Department of Finance		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 915 L Street, Sacramento, CA 95814			
Area Code/Phone Number 916-324-4856	Email Kari.Krogseng@dof.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Kari Krogseng, Chief Counsel			

2. Donor Name and Address

Individual _____ Other AppGeo, Hexagon Content Program

Last Name: _____ First Name: _____ Name: _____
 Address: 33 Broad Street City: Boston State: MA Zip Code: 02109
 Provider of aerial imagery products

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

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: 4/29 - 7/27/2020 \$ 3,990.00

Dates (month, day, year) Total Expenses

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

A free 90-day trial of Hexagon nationwide aerial imagery streaming services to assist Finance in validating innovative 2020 Census population estimate methodology while fieldwork is suspended due to COVID-19. A reliable population estimate is essential for various COVID-19 related analyses.

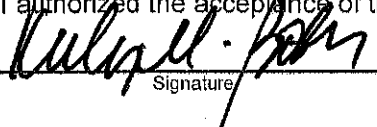
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

See attached list of 8 users

_____	_____	_____	Demographic Research Unit
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:  Keely Bosler Director 7-30-2020
 Print Name Title (month, day, year)

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



FORM 801 Attachment

List of users accessing Hexagon aerial imagery data:

<u>Name</u>	<u>Title</u>
Walter Schwarm	Chief, Demographic Research
Fennis Reed	Research Data Specialist II
Ethan Sharygin	Research Data Specialist III
Phuong Nguyen	Research Data Specialist III
Andres Gallardo	Research Data Specialist II
John Boyne	Research Data Specialist I
Jonathan Buttle	Research Data Specialist II
Douglas Kuczynski	Research Data Specialist II