

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Student Aid Commission		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 11120 International Drive, STE 100, Rancho Cordova, CA 95670			
Area Code/Phone Number 916-464-7998	Email lknerl@csac.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Libby Knerl, Personnel Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Foundation for Community Colleges

_____ Last Name First Name _____ Name

1102 Q Street Sacramento CA 95811

Address City State Zip Code

California Community College auxiliary entity.

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:

College Futures	\$ 5,338.69		
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 _____ Name of Lodging Facility

Check Applicable Boxes

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

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

_____ Dates (month, day, year) \$ 5,338.69 Total Expenses

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

This payment was for (6) six CSAC in-person events, which included, (1) lunches for a 2-day Cal-SOAP retreat for 26 Cal-SOAP coordinators and 6 staff held on July 28-29, 2022. (2) lunch for CSAC All-Staff Annual Taco Fest Picnic for 95 staff held on August 31, 2022. (3) breakfast, lunch,

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

Mistler	Catalina	Chief Deputy Director	Executive Office
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
Garcia	Marlene	Executive Director	Executive Office
_____ 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.

Marlene Garcia Signature Marlene Garcia Print Name Executive Director Title 10/10/22 (month, day, year)

Comment:

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

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