Payment to Agency Rep	port A Public	: Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Natural Resources Agency				Form OU
Division, Department, or Regio	n (if applicable)			For Official Use Only
Street Address				
715 P Street, 20th Floor				
Area Code/Phone Number	Email		Amendment (explair	in comment section)
916-653-5656	meghan.hertel@resources.ca	-		,
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
	etary for Biodiversity and Habi	tat		
2. Donor Name and Address	5	c		Fund
Last Name	First Name	Other _	Resources Legacy F	Name
400 Capitol Mall, Suite 2150	Sacramen	to	CA	95814
Address	City		State	Zip Code
RLF works with philanthropis	ts to conserve land, water, and	d ocean resources	while advancing he	ealthy communities.
If "Other" is marked, describe the entity's b	usiness activity (if business) or its nature a	nd interests.		
	ntify the name of each source an	d the amount(s) rec	eived by the donor for	this navment.
	This the name of each source an			
Name	\$Amount		Name	\$ Amount
3. Payment Information (Co	mploto Soctions 3.1 (2. or	b) 2 2 2 3)		
•	inplete Sections 5.1 (a of	<i>bj</i> , 5.2, 5.3 <i>j</i>		
3.1 (a) Travel Payment	Location of Travel			Dates (month, day, year)
Transportation Provider	Rail Air [Check Applica	Bus Auto	Other	Name of Lodging Facility
Lodging Expenses	Meal Expenses \$Transportation	on Expenses \$	Other Expenses	S Total Expenses
3.1 (b) Payment(s) not relat	ed to travel:	10/03/2024	<u>\$</u> 87,556	
		Dates (month, day		Total Expenses
3.2. Payment Description.	•		• • •	•
	I donated external suppo	rt for the Annua	al 30x30 Partner	s Summit. Tamara
Torlakson - \$43,441.30 South Yuba River Citize	ns League - \$750			
The Stewardship Netwo				
3.3. Identify the officials wh		ion 3.1 (See instruction	ons)	
2		Υ.	,	
Last Name	First Name	Positio	n/Title	Department/Division
Last Name	First Name	Positio	n/Title	Department/Division
4. Verification				
I authorized the acceptance o	f the reported payment(s) as i	n compliance with	FPPC regulations.	
Bryan Cash	Bryan Cash	Assist	ant Secretary fo	r Admin10/25/2024
Signature	Print Name		Title	(month, day, year)
Comment:				
Comment: (Use this space or an attachment for	any additional information)			
				FPPC Form 801 (Jan/1



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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

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Travel

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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.

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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.

Street Address 715 P Street, 20th Floor Area Code/Phone Number gency Contact (name and title) Meghan Hertel, Deputy Secretary for Biodiversity and Habitat 2. Donor Name and Address Individual Last Name 19326 County Road 78 Brooks CA 2. Seka Hills Name 19326 County Road 78 Brooks CA Quite status 16*Other 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 opplicable, identify the name of each source and the amount(s) received by the donor for this payment: Name \$ Amount Name Name \$ Amount Name Name Check Applicable Boxes Annount Name Name Check Applicable Boxes Street Applicable Roxes \$ Name Check Applicable Boxes Street Applicable Roxes \$ Name \$ Name	Agency Name				Date Stan	пр	California Q
Street Address 715 P Street, 20th Floor Area Code/Phone Number 916-653-5656 Agency Contact (name and title) Meghan Hertel, Deputy Secretary for Biodiversity and Habitat Donor Name and Address Individual Last Name 1326 County Road 78 Brooks CA 95006 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. Image: Amount Name Name Section of Travel Dates (month, day) Transportation Provider Image: Amount Individual Location of Travel Dates (month, day) Transportation Provider Image: Amount Name Secka Hills is a specialty food for this payment: Image: Amount Name Name Secka Hills Amount Name Name Amount Name Secka Hills Amount Name Name Check Applicable Boxes Mame	Natural Resources Agency						
715 P Street, 20th Floor Imail Amendment (explain in comment sector 916-653-5656 Imaghan.hertel@resources.ca.gov Imaghan.hertel@resources.ca.gov Imaghan.hertel@resources.ca.gov Agency Contact (name and title) Meghan Hertel, Deputy Secretary for Biodiversity and Habitat Image of Original Filing: Image of Original Filing: Individual Image of Original Filing: Image of O	Division, Department, or Reg	(ion (if applicable)					For Official Use Onl
Area Code/Phone Number 916-653-5656 Email meghan.hertel@resources.ca.gov Amendment (explain in comment sector Date of Original Filing: (month, day,) Agency Contact (name and title) Meghan Hertel, Deputy Secretary for Biodiversity and Habitat Date of Original Filing: (month, day,) Donor Name and Address Individual Last Name First Name Other 19326 County Road 78 Brooks CA Address City State 2 Doke 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 "Other" is marked, describe the entity's business activity (if business) or its nature and interests. Name Name Amount Name Name Amount Name Name Amount Name Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Dates (month, day Transportation Provider I Rail Air Bus Transportation Expenses Auto Other *_Lodging Expenses Meal Expenses Total Expe Soft Cace Soft Cace	Street Address						
916-653-5656 meghan.hertel@resources.ca.gov Image: Amendment (explain in comment sector patient) Meghan Hertel, Deputy Secretary for Biodiversity and Habitat Date of Original Filing:	715 P Street, 20th Floor						
Meghan Hertel, Deputy Secretary for Biodiversity and Habitat Image: Control (month, day, s) Donor Name and Address Individual Seka Hills 19326 County Road 78 Brooks CA 95606 Address City State Zip Code 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 "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 \$		-	esources.ca.gov		Amendmen	t (explain i	n comment section)
Individual Last Name First Name Other Seka Hills 19326 County Road 78 Brooks CA 95606 Address City State Zip Code 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.		L cretary for Biodivers	ity and Habitat		Date of Origina	Filing: _	(month, day, year)
□ Individual	Donor Name and Addre	SS			Saka Hilla		
19326 County Road 78 Brooks CA 95606 Address City State Zip Code 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 "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 \$	Individual	C :++	Nama	Other		N	lama
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: Name \$		FIRST					
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 Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Dates (month, day Transportation Provider Name of Lodging F Lodging Expenses Meal Expenses Transportation Expenses Check Applicable Boxes Check Applicable Boxes Check Applicable Boxes Total Expenses Total Expenses Total Expenses	Address		City		:	State	Zip Code
3.1 (a) Travel Payment Location of Travel Dates (month, day Image: Check Applicable Boxes Image: Check Applicable Boxes Image: Check Applicable Boxes Sector S	Name	\$	Amount		Name		Amount
Location of Travel Dates (month, day	Payment Information (C	omplete Section	s 3.1 (a or b), 3.2	2, 3.3)			
Transportation Provider Check Applicable Boxes Name of Lodging F \$	3.1 (a) Travel Payment	L	ocation of Travel			C	Pates (month, day, year)
	Transportation Provider	Rail		_	o □Other _	N	ame of Lodging Facility
	\$\$	Madi Evenence	<u>\$</u>	\$_	Other Function		\$
3.1 (b) Payment(s) not related to travel: 10/03/2024 \$ 300.00				0/03/2024		300.00	Iolai Expenses
Dates (month, day, year) Total Expense	J_{1} (D) Fayment(S) not rel		Da	ates (month, d	lay, year)		Total Expenses
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and u			is description of t	he pavme	ent and its age	ency pu	rpose and use.
Seka Hills donated beverages for the receptions following the Annual 30x30 Partnership Su		. Provide a specif	ic description of t		0		•
	3.2. Payment Description	-	-		-	• •	•

Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
4. Verification	of the reported payment(s) as in co	moliance with EPPC regulation	nns
Bryan Cash	Bryan Cash		/ for Admin ^{10/25/2024}
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment fo	r any additional information)		FPPC Form 801 (Jan/1



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	Report A Public Docume		PAYMENT TO AGENCY REPO
I. Agency Name		Date Stamp	California 80
Natural Resources Agency			Form OU
Division, Department, or R	egion (if applicable)		For Official Use Only
Street Address			
715 P Street, 20th Floor			
Area Code/Phone Number	Email	Amendment (explai	n in comment section)
916-653-5656	meghan.hertel@resources.ca.gov		n in comment section)
gency Contact (name and title)		Date of Original Filing	(month, day, year)
Meghan Hertel, Deputy S	ecretary for Biodiversity and Habitat		(
. Donor Name and Add	ress		
□ Individual		Stewardship Netwo	rk
Individual Last Name	First Name		Name
416 Longshore Drive	Ann Arbor _{City}	Michig	Jan 48105 Zip Code
	converte		·
	ity's business activity (if business) or its nature and interests.		
ii Other is marked, describe the end			
If applicable	e, identify the name of each source and the amount((s) received by the donor fo	r this payment:
	\$		\$
Name	Amount	Name	Amount
Transportation Provide	Location of Travel	Auto 🔲 Other	Dates (month, day, year) Name of Lodging Facility
Lodaing Expenses	\$ \$ Meal Expenses Transportation Expenses	\$ Other Expenses	\$ Total Expenses
	10/00/0	•	1
3.1 (b) Payment(s) not r		onth, day, year)	Total Expenses
3.2 Payment Descriptio	on. Provide a specific description of the pa		-
The Stewardship Net	work donated shirts (365 count at \$18 ks (40 count at \$8 value each) for the	value each), chocola	ate (300 count at \$7
			·
3.3. Identify the officials	s who used the payment in Section 3.1 (See i	instructions)	·
3.3. Identify the officials	s who used the payment in Section 3.1 (See i	instructions) Position/Title	Department/Division
Last Name Last Name	First Name	Position/Title	Department/Division
Last Name Last Name	First Name	Position/Title Position/Title	Department/Division
Last Name Last Name Last Name	First Name First Name Ce of the reported payment(s) as in compliance	Position/Title Position/Title	Department/Division

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



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