

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
California Governor's Office of Emergency Services
Division, Department, or Region (if applicable)
Recovery Directorate
Street Address
3650 Schriever Avenue, Mather, CA 95655
Area Code/Phone Number
(916) 845-8506
Email
Ryan.Buras@CalOES.ca.gov
Date Stamp
California Form 801 For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual [] Other [X] California Fire Foundation
Last Name First Name Name
PO BOX 189187 Sacramento CA 95818
Address City State Zip Code

California Fire Foundation is a nonprofit 501(c)3 organization owned and operated by California Professional Firefighters
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:
CA Fire Association \$ 5,766.48
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:
Dates (month, day, year) Total Expenses

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

The California Fire Foundation paid for coffee and tea, as well as snacks such as brownies, lemon bars, rice krispie treats, and fruit to Cal OES for attendees at the Hazard Mitigation Summit in Sacramento on November 18, 2022. The payment was made by the Foundation directly to the Convention Center caterer, Centerplates.

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 Ryan Buras Deputy Director 12/21/2022
Signature Print Name Title (month, day, year)

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