

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> CALIFORNIA TRAVEL AND TOURISM COMMISSION		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) 555 CAPITOL MALL, SUITE 1100, SACRAMENTO			
Street Address (916) 319-5430      A.LUIZ@VISITCALIFORNIA.COM			
Area Code/Phone Number AMBER LUIZ	Email COMMISSION LIAISON	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other DISNEYLAND RESORTS

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Last Name      First Name      Name

PO BOX 3232, ANAHEIM, CA 92803

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Address      City      State      Zip Code

TOURISM / ATTRACTIONS

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**      ANAHEIM, CALIFORNIA      JULY 20, 2015

\_\_\_\_\_       Rail       Air       Bus       Auto       Other      GRAND CALIFORNIAN

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Location of Travel      Dates (month, day, year)      Name of Lodging Facility

Check Applicable Boxes

\$ <u>12,004.20</u>	\$ <u>1,019.62</u>	\$ _____	\$ <u>1,485.00</u>	\$ <u>14,508.82</u>
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.

HOST LOCATION FOR EXECUTIVE COMMITTEE MEETING, INCLUDING MEETING ROOMS, HOTEL ACCOMMODATIONS, FOOD AND BEVERAGE FOR ALL MEETINGS AND ONE-DAY PARK TICKETS FOR ACCESS TO MEETING LOCATIONS

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

SEE ATTACHMENT

_____	_____	_____	_____
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.

Caroline Beteta      CAROLINE BETETA      CHIEF EXECUTIVE OFFICER      8/20/2015

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Signature      Print Name      Title      (month, day, year)

Comment:

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

Last Name	First Name	Position/Title	Department/Division
Rossi	Michael E.	Chairman/Commissioner	California Travel and Tourism Commisison
Senior	Jeff	Vice-Chair of Marketing/Commissioner	California Travel and Tourism Commisison
Condie	Jot	Vice-Chair of Operations/Commissioner	California Travel and Tourism Commisison
Martin	Noreen	Chief Fiscal Officer/Commissioner	California Travel and Tourism Commisison
Buffo	Gary	Commissioner	California Travel and Tourism Commisison
Colglazier	Michael	Commissioner	California Travel and Tourism Commisison
Patel	Sima	Commissioner	California Travel and Tourism Commisison
Beteta	Caroline	Chief Fexecutive Officer	California Travel and Tourism Commisison
Sabbatini	Matt	Vice President of Operations	California Travel and Tourism Commisison
Luiz	Amber	Commission Liaison	California Travel and Tourism Commisison
Plamondon	Scott	Legal Counsel	California Travel and Tourism Commisison
Arupo-Rodriguez	Grace	Deputy Director, Legal Affairs	Governor's Office of Business and Economic Development