

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of El Cerrito
Division, Department, or Region (if applicable)
City Administration
Street Address
10890 San Pablo Avenue
Area Code/Phone Number
510-215-4300
Email
cityclerk@ci.el-cerrito.ca.us
Agency Contact (name and title)
Holly Charley, City Clerk
Date Stamp
California Form 801 For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 02/04/21 (month, day, year)

2. Donor Name and Address

Individual Reid Last Name First Name Mitch Other Eco-Pop Designs Name
1954 Wavecrest Avenue McKinleyville CA 95519
Address City State Zip Code

Mitch Reid is semi-retiring and moving his business. Before moving, he delivered an extra container he had to the City.

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

Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 02/04/21 \$ 1,200.00
Dates (month, day, year) Total Expenses

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

No payments have been received. Instead the designer is donating the prototype for a dual-stream refuse container that was previously designed, purchased, and installed in several locations around El Cerrito.

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.

Karen Pinkos Digitally signed by Karen Pinkos Date: 2021.02.11 15:54:36 -08'00' Karen Pinkos City Manager
Signature Print Name Title (month, day, year)

Comment: The Public Works Department will utilize the container or display it once determined.

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



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name
City of El Cerrito
Division, Department, or Region (if applicable)
Public Works , Maintenance
Street Address
10890 San Pablo Avenue
Area Code/Phone Number
510-215-4300
Email
cityclerk@ci.el-cerrito.ca.us
Agency Contact (name and title)
Holly Charley, City Clerk
Date Stamp
California Form 801
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Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other
El Cerrito Rotary Club
P.O. Box 44
El Cerrito
CA
94530
Address City State Zip Code

Service organization
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
N/A
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:
10/1-12/1/2020
\$ 7,404.62
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Donation of A.) nine (9) milled rustic seating benches for installation in the Hillside Natural Area Park for public use (\$2400). B.) Two portable back pack fire extinguishers for use by City staff in City parks (\$393.40). C.) Power tools for vegetation management in City parks (\$4610.62).

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
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.
Karen Pinkos Karen Pinkos City Manager 01/05/21
Signature Print Name Title (month, day, year)

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

