

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Northern California Power Agency
Division, Department, or Region (if applicable)
Risk Management
Street Address
651 Commerce Drive
Area Code/Phone Number
916-781-3636
Email
cary.padgett@ncpa.com
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing:

2. Donor Name and Address
Individual
Other FM Global
1333 N. California Blvd. Walnut Creek CA 94517
Commercial Property Insurance
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
Scottsdale, Arizona
10/18-21/2021
Transportation Provider Rail Air Bus Auto Other
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses
3.1 (b) Payment(s) not related to travel:
10/21/2021 \$ 239.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
As part of the membership services and benefits, FM Global Risk Management Conference provides an update on the market and trends of the insurance industry and an opportunity to meet with other major industry players.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Hanks Monty CFO/AGM Admin Services
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 Randy S. Howard General Manager 01/27/22
Print Name Title (month, day, year)

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

