

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Department of Finance		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 915 L Street, Sacramento, CA 95814			
Area Code/Phone Number 916-324-4856	Email Kari.Krogseng@dof.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Kari Krogseng, Chief Counsel			

2. Donor Name and Address

Individual _____ Other AppGeo, Hexagon Content Program

_____ Last Name _____ First Name _____ Name _____

33 Broad Street Boston MA 02109

Address City State Zip Code

Provider of aerial imagery products

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 _____

Check Applicable Boxes

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: 4/29 - 7/27/2020 \$ 3,990.00

_____ Dates (month, day, year) _____ Total Expenses

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

A free 90-day trial of Hexagon nationwide aerial imagery streaming services to assist Finance in validating innovative 2020 Census population estimate methodology while fieldwork is suspended due to COVID-19. A reliable population estimate is essential for various COVID-19 related analyses.

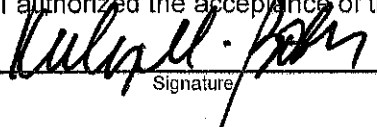
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

See attached list of 8 users

_____	_____	_____	Demographic Research Unit
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.

 _____ Keely Bosler _____ Director _____ 7-30-2020

Signature Print Name Title (month, day, year)

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



FORM 801 Attachment

List of users accessing Hexagon aerial imagery data:

<u>Name</u>	<u>Title</u>
Walter Schwarm	Chief, Demographic Research
Fennis Reed	Research Data Specialist II
Ethan Sharygin	Research Data Specialist III
Phuong Nguyen	Research Data Specialist III
Andres Gallardo	Research Data Specialist II
John Boyne	Research Data Specialist I
Jonathan Buttle	Research Data Specialist II
Douglas Kuczynski	Research Data Specialist II