

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

RECEIVED Date Stamp

California Form 801

For Official Use Only

City of Fresno

Division, Department, or Region (if applicable)

Mayor's Office

Street Address

2600 Fresno Street, Fresno, California 93721

Area Code/Phone Number

(559) 621-8000

Email

Mayor@fresno.gov

Agency Contact (name and title)

Yvonne Spence, City Clerk

2016 JUL 12 PM 2 41

CITY CLERK, FRESNO CA

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Public Policy Institute of California

Name

500 Washington Street, Suite 600

San Francisco

CA

94111

Address

City

State

Zip Code

Public Policy Non-Profit

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

Sacramento, CA

5/23/2016

Location of Travel

Dates (month, day, year)

American Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

\$ 35.00

Meal Expenses

\$ 184.68

Transportation Expenses

\$ 30.00

Other Expenses

\$ 249.68

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.

PPIC 2016 Speaker Series on California's Future: Poverty and Inequality in California. Mayor participated in a panel discussion. PPIC reimbursed the City for ground transportation and parking totalling \$214.68; the City received reimbursement 7/11/16.

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

Swearingin

Ashley

Mayor

Mayor's Office

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

Cheryl Burns

Print Name

Executive Assistant to Mayor

Title

07/12/16

(month, day, year)

Comment:

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