

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Fresno		Date Stamp 2016 APR 4 AM 9 26	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Attorney's Office			
Street Address 2600 Fresno Street, Room 2031, Fresno, California 93721		CITY CLERK, FRESNO CA	
Area Code/Phone Number (559) 621-7500	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Yvonne Spence, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Center for Community Progress

Last Name First Name Name
1001 Connecticut Ave. NW, Suite 1235 Washington DC 20036
Address City State Zip Code

National nonprofit dedicated to transform problem properties into assets.

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 Cambridge, Massachusetts March 14-18, 2016

Location of Travel Dates (month, day, year)

n/a Rail Air Bus Auto Other Hyatt Regency Cambridge

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>617.65</u>	\$ <u>247.06</u>	\$ <u>88.24</u>	\$ <u>0.00</u>	\$ <u>952.95</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.

Travel to participate in Community Progress Leadership Institute. Center for Community Progress paid lodging (\$617.65), meals (\$247.06), and shuttle transportation (\$88.24) directly.

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

<u>Doerr</u>	<u>Katherine</u>	<u>Chief Asst. City Attorney</u>	<u>City Attorney's Office</u>
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.

	<u>Katherine B. Doerr</u>	<u>Chief Asst. City Attorney</u>	<u>4/1/16</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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

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