

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		<b>RECEIVED</b> Date Stamp 2016 APR 4 AM 9 11 CITY CLERK, FRESNO CA	<b>California Form 801</b> For Official Use Only
City of Fresno			
Division, Department, or Region (if applicable) Mayor/City Manager's Office			
Street Address 2600 Fresno Street - Fresno, California 93721			
Area Code/Phone Number (559) 621-8000	Email renea.smith@fresno.gov		
Agency Contact (name and title) Yvonne Spence, City Clerk		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Project on Municipal Innovation Advisory Gr

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: Ash Center/Harvard Kennedy School City: Cambridge State: MA Zip Code: \_\_\_\_\_

National nonprofit dedicated to transform local government through innovation and collaboration.

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 17-19, 2016

Location of Travel: \_\_\_\_\_ Dates (month, day, year): \_\_\_\_\_

n/a  Rail  Air  Bus  Auto  Other Charles Hotel Cambridge  
 Transportation Provider: \_\_\_\_\_ Check Applicable Boxes: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_

\$ <u>585.92</u>	\$ <u>247.06</u>	\$ <u>0.00</u>	\$ <u>50.00</u>	\$ <u>882.98</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ 0.00

Dates (month, day, year): \_\_\_\_\_ Total Expenses: \_\_\_\_\_

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

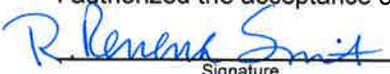
Travel to participate in PMI-AG. Paid lodging (\$585.92), meals (\$247.06), key note at Kennedy Library directly.

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

<u>Smith</u>	<u>Ramona</u>	<u>Assistant City Manager</u>	<u>Mayor/City Manager</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>Ramona Smith</u>	<u>Assistant City Manager</u>	<u>04/04/16</u>
Signature	Print Name	Title	(month, day, year)

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

