

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp 2016 APR 4 AM 9 11 CITY CLERK FRESNO CA	California Form 801 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 renena.smith@fresno.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Yvonne Spence, City Clerk			

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 14-17, 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

\$ 585.92	\$ 247.06	\$ 0.00	\$ 0.00	\$ 832.98
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.

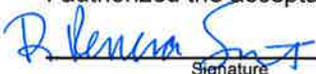
Travel to participate in Community Progress Leadership Institute. Center for Community Progress paid lodging (\$585.92), meals (\$247.06) directly.

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.

 Ramona Smith Assistant City Manager 04/04/16

Signature Print Name Title (month, day, year)

Comment:

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

