

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 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 rena.smith@fresno.gov
 Agency Contact (name and title)
 Yvonne Spence, City Clerk

Date Stamp: 2016 APR 4 AM 9 11
 RECEIVED
 CITY CLERK, FRESNO CA

California Form 801
 For Official Use Only

Amendment (explain in comment section)
 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 14-17, 2016
 Location of Travel Dates (month, day, year)
 n/a Transportation Provider Rail Air Bus Auto Other Hyatt Regency Cambridge
 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.

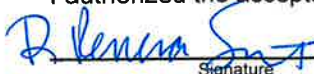
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Smith Ramona Assistant City Manager Mayor/City Manager
 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)

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