

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|  |                                  |   |   |
|--|----------------------------------|---|---|
| <b>1. Agency Name</b><br>City of Fresno  |                                  | Date Stamp<br><b>RECEIVED</b><br>2015 APR 4 AM 9 11<br>CITY CLERK, FRESNO, CA   | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Mayor/City Manager's Office |                                  |   |   |
| Street Address<br>2600 Fresno Street - Fresno, California 93721                |                                  |   |   |
| Area Code/Phone Number<br>(559) 621-8000                                       | Email<br>renena.smith@fresno.gov |   |   |
| Agency Contact (name and title)<br>Yvonne Spence, City Clerk                   |                                  | <input type="checkbox"/> Amendment (explain in comment section)<br>Date of Original Filing: _____<br>(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.

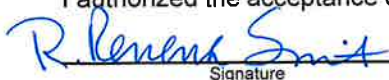
Travel to participate in PMI-AG. Paid lodging (\$585.92), meals (\$247.06), key note at Kennedy Library directly.

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)

Clear Page