

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Fresno

Division, Department, or Region (if applicable)

City Attorney's Office

Street Address

2600 Fresno Street, Room 2031, Fresno, California 93721

Area Code/Phone Number

(559) 621-7500

Email

Agency Contact (name and title)

Yvonne Spence, City Clerk

Date Stamp

2016 APR 4 AM 9 26

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

Last Name

First Name

1001 Connecticut Ave. NW, Suite 1235

Washington

Address

City

Other

Center for Community Progress

Name

DC

20036

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

Location of Travel

March 14-18, 2016

Dates (month, day, year)

n/a

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Hyatt Regency Cambridge

Name of Lodging Facility

\$ 617.65

Lodging Expenses

\$ 247.06

Meal Expenses

\$ 88.24

Transportation Expenses

\$ 0.00

Other Expenses

\$ 952.95

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)

Doerr

Last Name

Katherine

First Name

Chief Asst. City Attorney

Position/Title

City Attorney's Office

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.

Signature

Katherine B. Doerr

Print Name

Chief Asst. City Attorney

Title

4/1/16 (month, day, year)

Comment:

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

FPPC Form 801 (Jan/14) advice@fppc.ca.gov

Clear Page