

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
City of Fresno		2016 APR 1 PM 12 04	
Division, Department, or Region (if applicable)		CITY CLERK, FRESNO CA	
Mayor's Office			
Street Address			
2600 Fresno Street - Fresno, California 93721			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section)	
(559) 621-8000		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

_____ Name _____ Name _____
 Last Name First 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 _____ \$ _____
 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 14-18, 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

\$ 617.65 \$ 247.06 \$ 88.24 \$ 0.00 \$ 952.95
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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)

<u>Furtado</u>	<u>Kelli</u>	<u>Deputy Chief of Staff</u>	<u>Mayor's Office</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.

 Kelli Furtado Deputy Chief of Staff 4.1.16
 Signature Print Name Title (month, day, year)

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

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