

**Payment to Agency Report**

**A Public Document**

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> CITY OF FRESNO		Date Stamp	<b>California Form 801</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable) MAYOR/CITY COUNCIL			
Street Address 2600 FRESNO STREET			
Area Code/Phone Number (559) 621-8000	Email Ginger.Barrett@fresno.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Ginger Barrett, Deputy Chief of Staff			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other U.S. Interagency Council on Homelessness

Last Name	First Name	Name	
301 7th Street, SW, Room 2080	Washington	DC	20407
Address	City	State	Zip Code

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
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**3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**

**3.1 (a) Travel Payment** Portland, OR 9/18/17-9/19/17

Location of Travel Dates (month, day, year)

United Airlines  Rail  Air  Bus  Auto  Other Duniway Portland Hilton

Transportation Provider Name of Lodging Facility

Check Applicable Boxes

\$ 209.00	\$ 22.60	\$ 421.60	\$ _____	\$ 653.20
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.**

H. Spees' attendance at the US Interagency Council on Homelessness 2-day West Coast Mayor's Alliance Staff Convening. Payment included roundtrip airfare to the conference city and back, one night's lodging, one continental breakfast and one boxed lunch.

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

Spees	Harold	Director of Strategic Initiati	Mayor/City Council
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.

GingerB	Ginger Barrett	Deputy Chief of Staff	11/16/17
Digitally signed by GingerB Date: 2017.11.16 11:49:52 -0800 Signature	Print Name	Title	(month, day, year)

Comment:

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

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