

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Fresno		Date Stamp 2016 MAY 9 PM 1 41	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Development and Resource Management Department			
Street Address 2600 Fresno Street Room 3065		CITY CLERK, FRESNO CA	
Area Code/Phone Number 559.621.8796	Email Del.Estabrooke@fresno.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Del Estabrooke		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Center for Community Progress

Last Name	First Name	Name	
111 E. Court Street, Suite 2C-1	Flint	MI	48502
Address	City	State	Zip Code

A national nonprofit specifically dedicated to building a future in which vacant and abandoned properties no longer exist.
 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, MA 03/15/16 to 03/18/16

Location of Travel Dates (month, day, year)

Transportation Provider _____ Rail Air Bus Auto Other Hyatt Regency Cambridge

Check Applicable Boxes Name of Lodging Facility

\$ 703.86	\$ 247.00	\$ _____	\$ _____	\$ _____
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 2016 Community Progress Leadership Institute.

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

Estabrooke	Del	Housing & Neigh Revit Mgr	DARM/Comm Revit
_____	_____	_____	_____
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.

	Del Estabrooke	Housing & Neigh Revit Mgr	05/09/16
Signature	Print Name	Title	(month, day, year)

Comment:

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

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