

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		2015 OCT 19 PM 4 36	
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) Date of Original Filing: _____ (month, day, year)	
(559) 621-8000	Mayor@fresno.gov		
Agency Contact (name and title)			
Yvonne Spence, City Clerk			

2. Donor Name and Address

Individual _____ Other Fresno Housing Authority

Last Name: _____ First Name: _____ Name: _____
 Address: 1331 Fulton Mall City: Fresno State: CA Zip Code: 93721
 Public Housing Agency: _____

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 Los Angeles, California 10/17/2015

Location of Travel Dates (month, day, year)

Masters Limousine Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 57.50 \$ _____ \$ 57.50
 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.

Fresno Housing Authority provided round trip transportation to Mayor Swearingin between the LAX Airport and the National Association of Housing and Redevelopment Officials Conference for the Mayor's participation on a panel on 10/17/15. The Mayor's portion of the transportation was \$57.50.

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

Swearingin	Ashley	Mayor	Mayor's Office
_____	_____	_____	_____
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 10/19/15
 Signature Print Name Title (month, day, year)

Comment:

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

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