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Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp 2015 MAR 30 PM 2 51	California Form 801 For Official Use Only
City of Fresno			
Division, Department, or Region (if applicable) Mayor's Office		CITY CLERK, FRESNO CA	
Street Address 2600 Fresno Street - Fresno, California 93721			
Area Code/Phone Number (559) 621-8000	Email Mayor@fresno.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Yvonne Spence, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Public Policy Institute of California

500 Washington Street, Suite 600 San Francisco CA 94111

Address City State Zip Code

Public Policy Non Profit

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 Sacramento, California 12/02/14-12/03/14

Location of Travel Dates (month, day, year)

Personal Vehicle-Ashley Swearingin Rail Air Bus Auto Other Sheraton Grand Sacramento

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 159.00 \$ 41.17 \$ 194.60 \$ _____ \$ 394.77

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.

PPIC reimbursed the City of Fresno for Mayor Swearingin's travel expenses and meals for participation in a Government Panel on 12/3. Lodging expenses were arranged by PPIC directly with the lodging facility.

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 03/30/15

Signature Print Name Title (month, day, year)

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

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