

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Fresno
Division, Department, or Region (if applicable)
Mayor's Office
Street Address
2600 Fresno Street - Fresno, California 93721
Area Code/Phone Number
(559) 621-8000
Email
Mayor@fresno.gov
Agency Contact (name and title)
Yvonne Spence, City Clerk
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

RECEIVED
Date Stamp
2016 JAN 12 PM 2 37
CITY CLERK, FRESNO CA

California Form 801
For Official Use Only

2. Donor Name and Address

Individual Other New America
Last Name First Name Name
1899 L Street NW #400 Washington DC 20036
Address City State Zip Code

Non-profit, public policy institute committed to renewing policies and focusing on challenges related to the Digital Age.

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
Washington, DC
Location of Travel
12/10/2015 - 12/12/2015
Dates (month, day, year)
American Airlines
Transportation Provider
Rail Air Bus Auto Other
Sofitel Lafayette Square
Name of Lodging Facility
\$ 283.39 \$ 753.20 \$ 1,036.59
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
\$ 0.00
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 New America Board Meeting in Washington DC. New America pre-paid \$283.39 for lodging and reimbursed the City of Fresno for travel in the amount of \$753.20, this portion was received by the City of Fresno 12/22/15.

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

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature Kelli Furtado Deputy Chief of Staff 01/12/16
Print Name Title (month, day, year)

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