Agency Name				ECEIVEI	California
City of Fresno			200720 124		Form OU
Division, Department, or Reg	ion (if applicable)		2016 DE	4 20 PM 2	For Official Use Only
Mayor's Office	(application				
Street Address			CITY	CLERK, FRESI	IO CA
2600 Fresno Street, Fresno	CA 93721		CITI	DECIMAL MESI	10 071
Area Code/Phone Number	Email				
(559) 621-8000	Mayor@fresno.go	v		Amendment	(explain in comment section)
Agency Contact (name and title)	[mayor@moonlongo			Date of Original	Filing:
Yvonne Spence, City Clerk					(month, day, year)
Donor Name and Addre					
Donor Name and Addre	55			California Forv	vard
Individual Last Name	First N	Vame	☑ Other	-	Name
1107 9th Street, Suite 650		Sacramento		(CA 95814
Address		City		S	tate Zip Code
Non-profit focused on gover	nment reform.				
f "Other" is marked, describe the entity's	s business activity (if busine	ess) or its nature and i	nterests.		
If applicable is	dentify the name of ea	ach course and th	e amount(s) :	eceived by the do	nor for this payment:
m applicable, it	dentity the name of ea	acii source and tr	e amount(s) i	eceived by the do	nor for this paymont.
Name	\$	Amount		Name	\$Amount
			2 2 2 2)		(1.577.500.00
Payment Information (C	•	•	3.2, 3.3)	г	December 13-14, 2016
3.1 (a) Travel Payment	Sacramento, C	ocation of Travel			Dates (month, day, year)
		_			22.00 (, 22,1,7,22,7
Transportation Provider	🗖 Rail	Air B	_	to Dother _	Name of Lodging Facility
·	115.00	Check Applicable E	ooxes	490.00	605.00
\$\$ Lodging Expenses	Meal Expenses	\$ Transportation E	xpenses	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		3	\$	
3.1 (b) Payment(s) not let	ateu to traver.		Dates (month,	day, year)	Total Expenses
3.2. Payment Description.	. Provide a specif	ic description	of the paym	ent and its age	ncy purpose and use.
Registration fee (\$490.					
participation in a panel.	. Mavor was als	so invited to a	ttend and	participate in	discussions during a
lunch meeting, dinner r	neeting, and bre	eakfast meeti	ng; the co	st of all meals	totaled \$115.00.
-					
3.3. Identify the officials v	-	nent in Section		uctions)	
Swearengin	Ashley		Mayor		Mayor's Office
	First Name	е	Pos	sition/Title	Department/Division
Last Name					
	First Nam	e	Po	sition/Title	Department/Division
Last Name		e	Po	sition/Title	Department/Division
Last Name		e	Po	sition/Title	Department/Division
Last Name Last Name Verification	First Nam				
Last Name Last Name Verification I authorized the acceptance	First Nam	yment(s) as in c	ompliance w	rith FPPC regula	itions.
Last Name Last Name Verification I authorized the acceptance	First Nam of the reported pay Cheryl Burn	yment(s) as in c	ompliance w	rith FPPC regula	itions. 12/20/16
Last Name Last Name Verification authorized the acceptance	First Nam of the reported pay Cheryl Burn	yment(s) as in c	ompliance w	rith FPPC regula	itions.
Last Name Last Name Verification I authorized the acceptance	First Nam of the reported pay Cheryl Burn	yment(s) as in c s Print Name	ompliance w	rith FPPC regula	itions. 12/20/16