

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		RECEIVED Date Stamp 2015 MAR 24 PM 4 42 CITY CLERK, FRESNO, CA	California Form 801 For Official Use Only
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	<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 Aspen Institute

Last Name: _____ First Name: _____ Name: _____
 One Dupont Circle, NW Suite 700 Washington DC 20036
 Address City State Zip Code

International non-profit focused on educational and policy studies

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 Aspen, Colorado 12/5/13-12/9/13

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 917.90 \$ _____ \$ 917.90
 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 Aspen Institute Rodel Seminar in Aspen, Colorado. This portion was received by the City of Fresno in 2014, due to travel changes caused by snow conditions.

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

<u>Swearingin</u>	<u>Ashley</u>	<u>Mayor</u>	<u>Mayor's Office</u>
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.

	<u>Kelli Furtado</u>	<u>Deputy Chief of Staff</u>	<u>03/23/15</u>
Signature	Print Name	Title	(month, day, year)

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