

RECEIVED

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		2016 FEB 9 PM 1 53 Date Stamp	California Form 801 For Official Use Only
City of Fresno			
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 Public Policy Institute of California

Last Name: _____ First Name: _____ Name: _____
 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 San Francisco, California 04/09/15-04/10/15

Location of Travel Dates (month, day, year)

Rail Air Bus Auto Other Hilton San Francisco Fin. Dist.
 Check Applicable Boxes Name of Lodging Facility

\$ <u>229.00</u>	\$ _____	\$ <u>211.30</u>	\$ _____	\$ <u>440.30</u>
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.

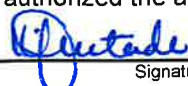
PPIC Statewide Leadership Council, Mayor Swearingin invited to facilitate panel on poverty and inequality. PPIC arranged for lodging totaling \$229 on 4/9/15; and reimbursed the City of Fresno for ground transportation in the amount of \$211.30, the City received reimbursement 5/5/15.

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.

 Kelli Furtado Deputy Chief of Staff 02/09/16
 Signature Print Name Title (month, day, year)

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

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