

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name City of Fresno		Date Stamp 2016 MAR 28 PM 3 37	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Street Address 2600 Fresno Street - Fresno, California 93721		CITY CLERK, FRESNO CA	
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, Inc.

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

Portland, Oregon Location of Travel 8/08-10/2015 Dates (month, day, year)

Alaska Airline Transportation Provider  Rail  Air  Bus  Auto  Other Benson Hotel Name of Lodging Facility

\$ 285.11 Lodging Expenses \$ 60.00 Meal Expenses \$ 456.20 Transportation Expenses \$ 45.54 Other Expenses \$ 846.85 Total Expenses

3.1 (b) Payment(s) not related to travel: \$ 846.85 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

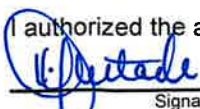
Travel to participate in Aspen Institute Rodel Seminar in Portland. The Aspen Institute paid air (\$456.20), lodging (\$285.11) and meals (\$60) directly. The City of Fresno was reimbursed \$45.54 for taxi transportation.

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

Swearengin	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 3-28-16

Signature Print Name Title (month, day, year)

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

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