

**Payment to Agency Report**

**A Public Document**

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> CITY OF FRESNO <hr/> <b>Division, Department, or Region</b> (if applicable) MAYOR/CITY COUNCIL <hr/> <b>Street Address</b> 2600 FRESNO STREET <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Area Code/Phone Number</b> (559) 621-8000</td> <td style="width:30%; border: none;"><b>Email</b> Ginger.Barrett@fresno.gov</td> </tr> </table> <hr/> <b>Agency Contact</b> (name and title)		<b>Area Code/Phone Number</b> (559) 621-8000	<b>Email</b> Ginger.Barrett@fresno.gov	Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Area Code/Phone Number</b> (559) 621-8000	<b>Email</b> Ginger.Barrett@fresno.gov				
<input type="checkbox"/> <b>Amendment</b> (explain in comment section)		<b>Date of Original Filing:</b> _____ (month, day, year)			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Pardini's Catering  
Last Name First Name Name

2257 W. Shaw Avenue Fresno CA 93711  
Address City State Zip Code

**Banquet Catering**  
 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
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**3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**

**3.1 (a) Travel Payment**

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_  
 \_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_  
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:**

\_\_\_\_\_ \$ 1,450.00  
Dates (month, day, year) Total Expenses

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

Donor provided a catered luncheon for 50 people to welcome a delegation from Fresno's Sister City, Chateauroux, France.

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

Brand	Lee	Mayor	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
Soria	Esmeralda	Councilmember	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

**4. Verification**

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

GingerB	Ginger Barrett	Deputy Chief of Staff	11/07/17
<small>Digitally signed by GingerB Date: 2017.11.07 16:13:21 -08'00'</small> <small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

