Payment to Agency Report

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PAYMENT TO AGENCY REPORT
California Form 801
For Official Use Only

Date Stamp

1. Agency Name

City of Fresno

Division, Department, or Region (if applicable)

Development and Resource Management Department

Street Address

2600 Fresno Street Room 3065

Area Code/Phone Number: 559.621.8796

Email: Del.Estabrooke@fresno.gov

Agency Contact (name and title): Del Estabrooke

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☑ Other Center for Community Progress (Name)

111 E. Court Street, Suite 2C-1 (Address) Flint (City) MI (State) 48502 (Zip Code)

A national nonprofit specifically dedicated to building a future in which vacant and abandoned properties no longer exist.

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

Cambridge, MA (Location of Travel) 03/15/16 to 03/18/16 (Dates (month, day, year))

_____ Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Hyatt Regency Cambridge (Name of Lodging Facility)

$703.86 Lodging Expenses $247.00 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 2016 Community Progress Leadership Institute.

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

Last Name	First Name	Position/Title	Department/Division
Estabrooke	Del	Housing & Neigh Revit Mgr	DARM/Comm Revit

4. Verification

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

Signature	Print Name	Title	(month, day, year)
	Del Estabrooke	Housing & Neigh Revit Mgr	05/09/16

Comment:

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

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