

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Fresno		Date Stamp RECEIVED 2016 JUL 12 PM 2 41	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 <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (559) 621-8000	Email Mayor@fresno.gov		
Agency Contact (name and title) Yvonne Spence, City Clerk			

2. Donor Name and Address

Individual _____ Other New America

Last Name	First Name	Name
740 15th Street NW, Suite 900	Washington	DC 20005
Address	City	State Zip Code

Non-profit, public policy institute committed to renewing policies and focusing on challenges related to the Digital Age.

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 Washington, DC 5/18/2016 - 5/21/2016

Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Grand Hyatt Washington

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 558.00	\$ 195.00	\$ 648.20	\$ _____	\$ 1,401.20
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 New America Board Meeting and Annual Conference in Washington, DC. New America pre-paid the lodging and airfare. The cost of the board dinner and other meals provided throughout the conference totalled \$195.00, all of which were paid for by New America.

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.

Cheryl Burns Cheryl Burns Executive Assistant to Mayor 07/12/16

Signature Print Name Title (month, day, year)

Comment:

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