

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name City of Fresno		Date Stamp 2016 APR 1 PM 12 04	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office		CITY CLERK, FRESNO CA	
Street Address 2600 Fresno Street - Fresno, California 93721			
Area Code/Phone Number (559) 621-8000	Email	<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 Center for Community Progress

_____ Last Name First Name _____ Name
 1001 Connecticut Ave. NW, Suite 1235 Washington DC 20036
 Address City State Zip Code

National nonprofit dedicated to transform problem properties into assets.

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 Cambridge, Massachusetts March 14-18, 2016
 _____ Location of Travel _____ Dates (month, day, year)

n/a _____ Rail Air Bus Auto Other Hyatt Regency Cambridge
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 617.65 \$ 247.06 \$ 88.24 \$ 0.00 \$ 952.95
 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 Community Progress Leadership Institute. Center for Community Progress paid lodging (\$617.65), meals (\$247.06), and shuttle transportation (\$88.24) directly.

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

<u>Furtado</u> Last Name	<u>Kelli</u> First Name	<u>Deputy Chief of Staff</u> Position/Title	<u>Mayor's Office</u> 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 4.1.16
 Signature Print Name Title (month, day, year)

Comment:

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

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