

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Imperial Beach		Date Stamp	California Form 801 For Official Use Only I.B. CITY CLERK'S OFFICE MAR 28, 2023 AM 9:49
Division, Department, or Region (if applicable)			
Street Address 825 Imperial Beach Blvd., Imperial Beach, CA 91932			
Area Code/Phone Number 619-453-8616	Email cityclerk@imperialbeachca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Jacqueline M. Kelly, City Clerk			

2. Donor Name and Address

Individual _____ Other CivicWell _____

Last Name: _____ First Name: _____ Name: _____
 980 9th Street, Suite 1700 Sacramento CA 95814
 Address City State Zip Code

A 501(c)(3) nonprofit organization supporting sustainable policies and the leaders and communities that implement them.
 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 Pacific Grove, CA March 16-19, 2023
 Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other Asilomar Hotel & Conf Grounds
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ 2,500.00
 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.

This scholarship includes lodging and all meals associated with the conference. This scholarship does not include transportation, incidental expenses, or meals not sponsored during the conference.

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

Aguirre	Paloma	Mayor	
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

_____ of the reported payment(s) as in compliance with FPPC regulations.

Tyler Foltz City Manager

 Print Name Title

 (month, day, year)

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

Clear Page