

RECEIVED

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of South Pasadena		Date Stamp APR 30 2015	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Council			
Street Address 1414 Mission Street, South Pasadena, CA 91030		CITY OF SOUTH PASADENA CITY CLERK'S OFFICE	
Area Code/Phone Number (626) 403-7230	Email yhall@southpasadenaca.gov		
Agency Contact (name and title) Yvette Hall, Chief Deputy City Clerk			
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 04/01/15 (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other \_\_\_\_\_

Water Education for Latino Leaders (WELL)

930 Colorado Blvd., Building 2 Los Angeles CA 90041

Address City State Zip Code

Convene statewide educational water conferences for California state & local Latino elected officials to provide a forum.

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:

Water Education for Latino Leaders	\$ 200.00	_____	\$ _____
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment Sacramento, CA March 27 and 28, 2014

Location of Travel Dates (month, day, year)

Southwest \_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ _____	\$ 200.00	\$ _____	\$ _____
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.  
 Travel payment to attend WELL water conference and participate as a panelist in Sacramento, CA.

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

Mahmud	Diana	City Councilmember	City Council
_____	_____	_____	_____
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.

 Yvette Hall Chief Deputy City Clerk 04/01/15

Signature Print Name Title (month, day, year)

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

Clear Page