

RECEIVED  
CITY CLERK

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Pomona		Date Stamp 2016 FEB -9 PM 5:54	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) 505 S. Garey Avenue			
<b>Street Address</b> Pomona, CA 91766			
<b>Area Code/Phone Number</b> 909-620-2071	<b>Email</b> Andrew_Jared@ci.pomona.ca.us	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) Andrew Jared, Assistant City Attorney		<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Donor Name and Address**

Individual n/a Last Name n/a First Name  Other Downtown Property Owners' Assoc. (DPOA) Name

119 W. Second Street Address Pomona City CA State 91766 Zip Code

Oversight Board for administration of the downtown Pomona Business Improvement District

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:

n/a Name \$ \_\_\_\_\_ Amount n/a Name \$ \_\_\_\_\_ Amount

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

**3.1 (a) Travel Payment** to Chicago, IL Location of Travel June 27-30, 2015 Dates (month, day, year)

Southwest Airlines Transportation Provider  Rail  Air  Bus  Auto  Other Holiday Inn, Chicago Name of Lodging Facility

Check Applicable Boxes

\$ 1,735.00 Lodging Expenses \$ 0.00 Meal Expenses \$ 1,899.00 Transportation Expenses \$ 0.00 Other Expenses \$ 3,634.00 Total Expenses

**3.1 (b) Payment(s) not related to travel:** 6/28-30/2015 Dates (month, day, year) \$ 1,420.00 Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**

(a) -Travel to and lodging for conference; (b) attend conference on Strategy, Policing and Planning of Downtowns to learn how to address the side effects from entertainment districts

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

<u>Lazzaretto</u> Last Name	<u>Mark</u> First Name	<u>Director</u> Position/Title	<u>Devel &amp; Nbrhd Services</u> Department/Division
<u>Olivieri</u> Last Name	<u>Michael</u> First Name	<u>Deputy Chief</u> Position/Title	<u>Police Department</u> Department/Division

**4. Verification**

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

Linda Lowry Signature Linda Lowry Print Name City Manager Title 02/09/16 (month, day, year)

Comment: (3.3 Continued) Sgt. William Tucker, Pomona Police Department  
(Use this space or an attachment for any additional information)

Clear Page