

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name City of Pomona		Date Stamp 2015 AUG 20	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) n/a			
Street Address 505 S. Garey Ave., Pomona CA 91769			
Area Code/Phone Number (909) 620-2341	Email linda_lowry@ci.pomona.ca.us	<input checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Linda Lowry, City Manager		Date of Original Filing: <u>03-26-2015</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Downtown Pomona Owners Assoc. (DPOA)

Last Name: _____ First Name: _____ Name: _____

119 W. Second Street Pomona CA 91766

Address City State Zip Code

Oversight board for the Downtown Pomona parking and 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	Name	Amount

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

3.1 (a) Travel Payment Seattle, WA May 14-16, 2014

Location of Travel Dates (month, day, year)

SWA / Alaskan Rail Air Bus Auto Other Westin Seattle

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 2,709.73 \$ 0.00 \$ 802.00 \$ 0.00 \$ 3,511.73

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 5/15-5/16/14 \$ 960.00

Dates (month, day, year) Total Expenses

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

Travel, hotel and conference fee for the Responsible Hospitality Institute (RHI) conference on urban nightlife and entertainment uses.

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

<u>Lowry</u> Last Name	<u>Linda</u> First Name	<u>City Manager</u> Position/Title	<u>Administration</u> Department/Division
<u>See section 4</u> Last Name	<u></u> First Name	<u>2 officers</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 Linda Lowry City Manager 08/20/15

Signature Print Name Title (month, day, year)

Comment: 3.1(b): conference fees, \$320 x 3; 3.3: Michael Olivieri, Capt., Police Dept.; Michael Ellis, Capt., Police Dept.

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