

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Imperial Beach		Date Stamp	California 801 Form <small>For Official Use Only</small> I.B. CITY CLERK'S OFFICE JUL 7, 2023 PM 4:12
Division, Department, or Region (if applicable) City Clerk Department			
Street Address 825 Imperial Beach Blvd.			
Area Code/Phone Number 619-423-8616	Email jkelly@imperialbeachca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Jacqueline M. Kelly			

2. Donor Name and Address

Individual _____ Other ECS Imaging, Inc.

Last Name: _____ First Name: _____ Name: _____
 Address: 5905 Brockton Ave., Ste. C City: Riverside State: CA Zip Code: 92506
 Paperless Solutions

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

Location of Travel: _____ Dates (month, day, year): _____

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel:

_____ 05/31-06/01/23 \$ 399.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 General Pass for Laserfiche Empower Conference to attend breakout sessions and networking events.

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

<u>Malone</u>	<u>Audrey</u>	<u>Assistant City Clerk</u>	<u>City Clerk</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

	<u>Tyler Foltz</u>	<u>City Manager</u>	<u>July 7, 2023</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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