

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Imperial Beach
Division, Department, or Region (if applicable)
825 Imperial Beach Blvd
Street Address
Imperial Beach, CA 91932
Area Code/Phone Number
619-628-2381
Email
mopenshaw@imperialbeachca.gov
Agency Contact (name and title)
Meagan Openshaw, Community Development Department Director
Date Stamp
California Form 801
For Official Use Only
I.B. CITY CLERK'S OFFICE
JUL 7, 2023 4:12
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual
Last Name First Name
660 N. Capitol St. NW Washington DC 20001
Address City State Zip Code
Other National League of Cities
Name
An organization comprised of city, town and village leaders that are focused on improving the quality of life for their current and future constituents.
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:
National League of Cities \$ 1,114.33
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
San Francisco Location of Travel
May 3, 2023 - May 5, 2023 Dates (month, day, year)
Southwest Airlines Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Hilton SF Financial District Name of Lodging Facility
\$ 516.00 \$ 176.60 \$ 421.73 \$ 1,114.33
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.
The payment was for the travel and meal expenses associated with the Cities Connecting Children to Nature Green Schoolyards and Early Childhood Nature Connection Convening Conference in San Francisco. The conference was for discussions on current early childhood nature connection pathways and how to implement an action planning process to enhance park spaces for youth within the community.
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Openshaw Last Name Meagan First Name CDD Director Position/Title Comm Dev Department Department/Division
Trujillo Last Name Angelina First Name Services Coordinator Position/Title Parks, Rec., Comm Dept. Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Tyler Foltz City Manager Title
July 7, 2023 (month, day, year)
Comment:
(Use this space or an attachment for any additional information)

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