

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|---|---------------------------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 801 For Official Use Only I.B. CITY CLERK'S OFFICE JUL 13, 2023 PM 3:57 |
| City of Imperial Beach | | | |
| Division, Department, or Region (if applicable) Parks, Recreation and Community Services Dept. | | | |
| Street Address 825 Imperial Beach Blvd. | | | |
| Area Code/Phone Number 619-423-8285 | Email sbullock@imperialbeachca.gov | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| Agency Contact (name and title) Shannon Bullock - Parks and Recreation Director | | | |

2. Donor Name and Address

Individual _____ Other National League of Cities

Last Name: _____ First Name: _____ Name: _____
 660 N Capitol St NW Washington, DC CA 20001
 Address City State Zip Code

Cities Connecting Children to Nature
 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 Denver Location of Travel May 12, 2023 - May 15, 2023 Dates (month, day, year)

United Airlines Transportation Provider Rail Air Bus Auto Other YMCA of the Rockies Estes Park Name of Lodging Facility

\$ 756.78 Lodging Expenses \$ _____ Meal Expenses \$ 430.00 Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 1,186.78 Total Expenses
 Dates (month, day, year)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Cities Connecting Children to Nature Sessions at the Children & Nature Network Conference in Estes Park May 12, 2023 - May 15, 2023

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

| | | | |
|----------------|----------------|--|------------------------|
| <u>Bullock</u> | <u>Shannon</u> | <u>Parks & Recreation Director</u> | <u>PRCS Department</u> |
| Last Name | First Name | Position/Title | Department/Division |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Position/Title | Department/Division |

4. Verification

I, _____, reported payment(s) as in compliance with FPPC regulations.

_____ Signature Tyler Foltz Print Name City Manager Title July 13, 2023 (month, day, year)

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

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