Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form **801**

For Official Use Only

Date Stamp

I.B. CITY CLERK'S OFFICE
MAY 13, 2024 PM4:11

1. Agency Name

City of Imperial Beach

Division, Department, or Region (if applicable)

City Clerk's Department and Information Technology Department

Street Address

825 Imperial Beach Blvd.

Area Code/Phone Number: 619-423-8616

Email: jkelly@imperialbeachca.gov

Agency Contact (name and title)

Jacqueline M. Kelly

☐ **Amendment** (explain in comment section)

Date of Original Filing: 05/13/2024 (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

■ Other ECS Imaging, Inc. (Name)

5905 Brockton Ave., Suite X (Address) | Riverside (City) | CA (State) | 92506 (Zip Code)

Laserfiche Vendor

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))

_____ (Transportation Provider) ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) _____ (Name of Lodging Facility)

$_____ (Lodging Expenses) $_____ (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $_____ (Total Expenses)

3.1 (b) Payment(s) not related to travel: 4-22 to 4-25-204 (Dates (month, day, year)) $ 2,598.00 (Total Expenses)

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

Passes to attend the Annual 2024 Empower Conference to learn about Laserfiche Software through classes, labs and workshops and bring back what we learned to the City.

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

Last Name	First Name	Position/Title	Department/Division
Kelly	Jacqueline	City Clerk	City Clerk
Santos	Jay	IT Manager	IT

4. Verification

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

[redacted] (Signature) Tyler Foltz (Print Name) City Manager (Title) May 13 2024 (month, day, year)

Comment:

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

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