

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Imperial Beach		Date Stamp <b>California Form 801</b> For Official Use Only I.B. CITY CLERK'S OFFICE MAY 19, 2025 AM 11:33
Division, Department, or Region (if applicable) Information Technology 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: _____ (month, day, year)
Agency Contact (name and title) Jacqueline M. Kelly		

2. Donor Name and Address

Individual \_\_\_\_\_  Other ECS Imaging

_____	_____	_____	_____
Last Name	First Name	City	State
5905 Brockton Ave. Suite C	Riverside	CA	92506
Address	City	State	Zip Code

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

_____	_____	_____
Transportation Provider	Location of Travel	Dates (month, day, year)
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input checked="" type="checkbox"/> Other	_____
_____	Check Applicable Boxes	Name of Lodging Facility
\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Transportation Expenses
		\$ 1,299.00
		Other Expenses
		Total Expenses

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

_____	\$ _____
Dates (month, day, year)	Total Expenses
04/14-04/17/25	\$ 1,299.00

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

Pass to attend the Annual 2025 Empower Conference to learn about Laserfiche Software through classes, labas and workshops and bring back what was 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
Ruvalcaba	Roberto	Information Tech Analyst	IT
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

\_\_\_\_\_ of the reported payment(s) as in compliance with FPPC regulations.

_____	_____	_____	_____
Signature	Print Name	Title	(month, day, year)
	Tyler Foltz	City Manager	5/19/25

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

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