Payment to Agency R	eport	A Public Do	cument	RECEIVED		MENT TO AGENCY REPORT
1. Agency Name			C	TY OffatS Stalmb	IAS C	alifornia 201
City of Salinas				CED 11 204		Form OUI
Division, Department, or Region (if applicable)			SEP 11 2019	,	For Official Use Only	
Administration						
Street Address			CITY CLERI	X		
200 Lincoln Avenue, Salina	s, CA 93901					
Area Code/Phone Number	Email			Amendment (e		
(831) 758-7201	patricib@ci.salinas	s.ca.us		Amendment (e	xpiain in cor	nment section)
Agency Contact (name and title)				Date of Original Fi		
Patricia M. Barajas, City Cle	erk				(1	nonth, day, year)
2. Donor Name and Addre	ss					
☐ Individual			☐ Other			
Last Name	First N	Sacramento		CA	Name	
1400 K Street, Suite 205 Address		City		Stat		95814 Zip Code
Address		Oity		Otat		Zip Code
If "Other" is marked, describe the entity	's hyginage activity (if hygina	as) or its nature and into	rocte			
if Other is marked, describe the entity	s business activity (ii busines	ss) or its flature and lifte	resis.			
If applicable, i	dentify the name of ea	ach source and the	amount(s) re	eceived by the dono	r for this p	payment:
	¢					¢
Name	———	Amount		Name		- Φ
3. Payment Information (C	omplete Section	s 3.1 (a or b). 3	3.2. 3.3)			
	, , , , , , , , , , , , , , , , , , ,		,,			
3.1 (a) Travel Payment	Lc	ocation of Travel		-	Dates	(month, day, year)
					54.00	(meman, day, year)
Transportation Provider	Rail	☐ Air ☐ Bu		Other	Name	of Lodging Facility
Transportation Frovides		Check Applicable Box	kes		Nume	or Loughing Facility
\$\$ Lodging Expenses	Meal Expenses	\$ Transportation Expe	\$_	Other Expenses	\$_	Total Expenses
0/5/40 0/6						
3.1 (b) Payment(s) not related to travel: 9/5/19-9/6/ Dates (month, companies)			Ψ		otal Expenses	
3.2. Payment Description	Provide a specifi					E55.
	- 1 - 1	9. 7 .7		in action		
Registration for City Te		e in the institut	te for Loca	al Government	, HERS	Public
Engagement Learning	Lab.					
3.3. Identify the officials v	who used the paym	ent in Section 3	3.1 (See instruc	ctions)		
Barreto	Pablo	F	Fire Chief		Fire De	partment
Last Name	First Name	_	Position/Title		Department/Division	
Madana	FI:			5: .		
Mariano	Elizabeth		Assistant Finance Director		Finance Department	
Last Name	First Name	•	Posi	tion/Title	I	Department/Division
4.14.16						
4. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in cor	npliance wit	th FPPC regulation	ns.	
Was le	Ray E. Corp	uz, Jr.	City N	/lanager		09/10/19
Signature	F	Print Name	2	Title		(month, day, year)
Comment: See attachment	for additional official	l who attended a	s part of Cit	v Team		
(Use this space or an attachment f			o part of oil	, roun.		
	o. any additional information					FPPC Form 801 (Jan/18 advice@fppc.ca.gov

Clear Page

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

- Ambriz, Ana, Neighborhood Services Coordinator Library and Community Services Department
- Resendiz, Oscar, Assistant Planner Community Development Department
- Gray, Kendall, Sergeant Police Department