

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

RECEIVED
CITY OF SALINAS

California Form 801
For Official Use Only

City of Salinas

Division, Department, or Region (if applicable)

Administration/City Council

Street Address

200 Lincoln Avenue, Salinas, CA 93901

Area Code/Phone Number

(831) 758-7201

Email

patricib@ci.salinas.ca.us

Agency Contact (name and title)

Patricia M. Barajas, City Clerk

SEP 18 2019

CITY CLERK

Amendment (explain in comment section)

Date of Original Filing: 09/17/19

2. Donor Name and Address

Individual

Last Name

First Name

Other

Central Coast Marketing Team

Name

920 2nd Avenue, Suite A

Marina

CA

93933

Address

City

State

Zip Code

Coalition of Local Governments, PG&E, Monterey County Business Council, Gilroy EDC & CSRC

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

China (Shainghai, Qionhai)

07/15/2014

Location of Travel

Dates (month, day, year)

United Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

\$ 500.00

\$ 200.00

\$ 1,058.00

\$ Other Expenses

\$ 1,758.00

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.

Payment for travel to China with City of Watsonville and County representatives as trade mission.

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

Lutes

Deborah Jyl

Councilmember

City Council

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

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

Signature

Ray E. Corpuz, Jr.

Print Name

City Manager

Title

09/17/19

(month, day, year)

Comment:

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