

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Watsonville

Division, Department, or Region (if applicable)

Received
Date Stamp
Watsonville
City ClerkCalifornia
Form 801

For Official Use Only

Street Address

250 Main Street

SEP 17 14 PM 2:24

Area Code/Phone Number

(831) 768-3040

Email

 Amendment (explain in comment section)

Agency Contact (name and title)

Beatriz Vazquez Flores

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

 Individual

Last Name _____

First Name _____

 Other

Central Coast Marketing Team

Name _____

CA _____

93901

Address _____

City _____

State _____

Zip Code _____

Coalition of local governments, PG&E, Monterey Business Council, Gilroy EDC and 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 (Shanghai, Qionhai)

7/15/2014

Location of Travel

Dates (month, day, year)

United Airlines

 Rail Air Bus Auto Other

Name of Lodging Facility

Transportation Provider

Check Applicable Boxes

\$ 1,000.00

\$ 400.00

\$ 2,116.00

\$ 3,516.00

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.

Reimbursement for travel to China in association with a Sister City and Trade Mission to Shanghai.

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

Overmeyer

Kurt

Economic Dev. Mgr.

CDD

Last Name

First Name

Position/Title

Department/Division

Lowell

Hurst

Council Member

City Council

Last Name

First Name

Position/Title

Department/Division

4. Verification

I autho[redacted] the reported payment(s) as in compliance with FPPC regulations.

Carlos J. Palacios

City Manager

Print Name

Title

9-4-13

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

Clear Page