

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Watsonville

Division, Department, or Region (if applicable)

Street Address

250 Main Street

Area Code/Phone Number

(831) 768-3040

Email

Agency Contact (name and title)

Beatriz Vazquez Flores

Received stamp
Watsonville
City Clerk

SEP 17 '14 PM 2:24

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

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

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Central Coast Marketing Team

Name

Address

Salinas

CA

93901

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)

Location of Travel

7/15/2014

Dates (month, day, year)

United Airlines

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ 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 authorize _____ the reported payment(s) as in compliance with FPPC regulations.

Carlos J. Palacios

City Manager

Print Name

Title

9-4-15
(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