

Gift to Agency Report**A Public Document**

GIFT TO AGENCY REPORT

1. Agency Name**CITY OF WATSONVILLE**

Division, Department, or Region (if applicable)

CITY COUNCIL

Street Address

275 MAIN STREET, SUITE 400, WATSONVILLE, CA 95076

Area Code/Phone Number

831-768-3010

E-mail

cityclerk@cityofwatsonville.org

Date Stamp

California Form**801**

For Official Use Only

Agency Contact (name and title)

BEATRIZ VAZQUEZ FLORES **Amendment (explain in comment section)**Date of Original Filing: _____
(month, day, year)**2. Donor Name and Address** **Individual**

Last Name

First Name

 Other**BEIJING ENTRY & EXIT SERVICE ASSOCIATION**

Name

No. 3 Anding Meng Street, East district Beijing

PR China

Address City State Zip Code
registered NON- PROFIT organization in China, actively assisting international business exchange, co-operate and organize foreign affairs activities

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) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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3. Payment InformationDate and Amount of Payment (other than travel) _____
(month, day, year) \$ _____
(Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

Aug 6-Aug 16, 2017	\$ 3054.64	\$ 1852.94	\$ 1350	\$ 6257.58
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
				Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Payment for travel to China in association with City of Watsonville's Sister City Pinghu, Zhejiang, China Sister City to pursue investment in Watsonville.

Identify the officials for whom the payment was used:

RIOS	OSCAR	MAYOR	COUNCIL
Last Name	First Name	Title	Department/Division
HURST	LOWELL	COUNCIL MEMBER	COUNCIL
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Charles Montoya

Signature of Agency Head or Designee

Print Name

City Manager

9/27/2017

(month, day, year)

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