

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Pasadena
Division, Department, or Region (if applicable)
City Council District 3
Street Address
100 North Garfield Ave Pasadena, CA 91101
Area Code/Phone Number
626-744-4738
Email
JWest@cityofpasadena.net
Agency Contact (name and title)
Jana West, District Liaison

18 MAR 23 12:14 PM
CITY CLERK
Date Stamp

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 Other Eden Garden Bar & Grill
Last Name First Name Name
175 Holly Street Pasadena CA 91103
Address City State Zip Code
Restaurant

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

Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
Check Applicable Boxes Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

02/22/2018 \$ 1,500.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Provided food for 100 people for an art unveiling event hosted by Vice Mayor Kennedy at Pasadena Central Library

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

Kennedy John J. Vice Mayor/Councilmember City Council
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 Steve Mermell City Manager Title 3-23-18 (month, day, year)

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

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