

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name <u>City of Santa Ana</u>		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) <u>City Council</u>		CLERK OF THE COUNCIL APR 6 '22 PM 5:48	
Street Address <u>20 Civic Center Plaza Santa Ana CA 92701</u>			<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number <u>714 447-4400</u>	Email <u>Jessie Lopez@SantaAna.org</u>		
Agency Contact (name and title) <u>Jessie Lopez, Councilmember</u>			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Migente

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: 734 W. Polk Street. City: Phoenix State: AZ Zip Code: 85007

political organization for Latinos.

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
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel: Santiago, Chile Dates (month, day, year): 02/14/2022 - 03/01/2022

Transportation Provider: American Airlines  Rail  Air  Bus  Auto  Other

Check Applicable Boxes

Hotel Name: Hotel Loto

\$ \_\_\_\_\_ Lodging Expenses    \$ \_\_\_\_\_ Meal Expenses    \$ \_\_\_\_\_ Transportation Expenses    \$ 672.00 Other Expenses    \$ 3,286.82 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.

Organization reimbursed all of my travel expenses. At no point did I receive a payment. I took part in the fellowship to profile the city and our local politics. I engaged w/ foreign dignitaries for educational purposes.

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

<u>lope</u>	<u>Jessie</u>	<u>Councilmember</u>	<u>City Council</u>
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]    Jessie Lopez    Councilmember    4/6/2022

Signature    Print Name    Title    (month, day, year)

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

