

Payment to Agency Report

A Public Document

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CITY OF IRVINE
CITY CLERK'S OFFICE

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Irvine

Division, Department, or Region (if applicable)

Street Address

One Civic Center Plaza

Area Code/Phone Number

949-724-6233

Email

Agency Contact (name and title)

Grace Leung, City Manager Pro Tempore

2018 MAR 26 PM 5:27

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 03/26/18
(month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Greater Irvine Chamber of Commerce

Name

36 Executive Park Irvine, CA 92614

Address

City

State

Zip Code

Catalyst for Irvine's economic development and business environment

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

London & Cambridge, United Kingdom

Location of Travel

February 10-20, 2018

Dates (month, day, year)

Delta Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Bailey's Hotel

Name of Lodging Facility

\$ 1,800.00
Lodging Expenses

\$ 437.50
Meal Expenses

\$ 1,200.00
Transportation Expenses

\$ 185.00
Other Expenses

\$ 3,622.50
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.

Economic development mission related to foreign direct investment to recruit lifesciences and biotechnology companies to relocate to the City of Irvine.

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

Wagner

Last Name

Donald

First Name

Mayor

Position/Title

City Council

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

Grace Leung

Print Name

City Manager Pro Tempore

Title

03/26/18

(month, day, year)

Comment:

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

Clear Page