**Payment to Agency Report**  
**A Public Document**

1. **Agency Name**  
City of Santa Rosa  
Vision, Department, or Region (if applicable)  
Mayor's Office  
Street Address  
100 Santa Rosa Avenue, Room 10, Santa Rosa, CA 95404  
Area Code/Phone Number  
(707) 543-3013  
Email  
sbartley@srcity.org  
Agency Contact (name and title)  
Suzanne Sheppard, Executive Assistant to the City Manager

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 801</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIVED</td>
<td>MAY - 8 2014</td>
</tr>
<tr>
<td></td>
<td>CITY OF SANTA ROSA</td>
</tr>
<tr>
<td></td>
<td>CITY CLERK</td>
</tr>
</tbody>
</table>

☐ Amendment (explain in comment section)  
Date of Original Filing: (month, day, year)

2. **Donor Name and Address**  
☐ Individual  
☐ Other  
Mayors' Institute on City Design (MICD)  
2101 L Street NW, Suite 670  
Washington  
DC  
20037  
Address  
City  
State  
Zip Code

MICD is a leadership initiative of the National Endowment for the Arts in partnership with AAF and USCM

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) **Travel Payment**  
San Antonio, TX  
March 5-7, 2014  
US Airways  
Transportation Provider  
□ Rail  
□ Air  
□ Bus  
□ Auto  
□ Other  
Hotel Contessa  
Name of Lodging Facility

<table>
<thead>
<tr>
<th>$624.31</th>
<th>Lodging Expenses</th>
<th>$768.00</th>
<th>Transportation Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$768.00</td>
<td>Meal Expenses</td>
<td>$1,392.31</td>
<td>Other Expenses</td>
</tr>
</tbody>
</table>

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

| $1,392.31 | Total Expenses |

3.2. **Payment Description.** Provide a specific description of the payment and its agency purpose and use.  
MICD covered all expenses related to the mayor's participation at the 58th National Session of the Mayors' Institute on City Design in San Antonio, TX from March 5-7, 2014. Meal expenses are

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

<table>
<thead>
<tr>
<th>Bartley</th>
<th>Scott</th>
<th>Mayor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
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</tbody>
</table>

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
</table>

4. **Verification**

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Kathleen Millison  
City Manager  
May 7, 2014  
(month, day, year)

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

FFPC Form 801 (Jan/14)  
advice@fppc.ca.gov