

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp <b>CITY CLERK OFF</b>  2015 JUL 17 A 8:43  CITY OF MONTEREY PARK	<b>California 801</b> Form For Official Use Only
City of Monterey Park			
Division, Department, or Region (if applicable) Monterey Park Bruggemeyer Library			
Street Address 318 South Ramona Avenue			
Area Code/Phone Number (626) 307-1418	Email narvizu@montereypark.ca.gov		
Agency Contact (name and title) Norma A. Arvizu, City Librarian		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Price Last Name Jane First Name  Other Living Trust Name  
333 S. Grand Avenue Suite 4200 Address Los Angeles City CA State 90071 Zip Code

Lamp & Kawakami LLP Attorneys At Law representing donor Jane Price Living Trust

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:

<u>Jane Price</u> Name	\$ <u>10,700.00</u> 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 \_\_\_\_\_ Dates (month, day, year)  
 \_\_\_\_\_ Transportation Provider  Rail  Air  Bus  Auto  Other \_\_\_\_\_ Name of Lodging Facility  
 Check Applicable Boxes

\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Transportation Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
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3.1 (b) Payment(s) not related to travel:

12/18/2014 Dates (month, day, year) \$ 10,700.00 Total Expenses

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


Bequeathed payment amount donated to library for use to purchase books to add to collection development.

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

_____ 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 Norma A. Arvizu Print Name City Librarian Title 12/18/14 (month, day, year)

Comment:

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

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