

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

**1. Agency Name**  
 City of Glendale  
 Division, Department, or Region (if applicable)  
 Street Address  
 613 E Broadway, Glendale, CA 91206  
 Area Code/Phone Number 818-548-2107 Email lzalyan@glendaleca.gov  
 Agency Contact (name and title)  
 Leo Zalyan, Administrative Analyst/Utility Legislative Affairs

Date Stamp  
**CITY CLERK**  
 2022 DEC 13 PM 2:15

**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 Metropolitan Water District of Southern CA

Last Name First Name Name  
 700 N. Alamed Los Angeles CA 90012  
 Address City State Zip Code  
 Water District

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** Hoover-CRA Inspection Trip November 4-6, 2022  
 Location of Travel Dates (month, day, year)  
 Southwest  Rail  Air  Bus  Auto  Other Gene Camp  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ 60.00 \$ 191.94 \$ 313.98 \$ \_\_\_\_\_ \$ 565.91  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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.**  
 Metropolitan expended this amount above (\$565.91) per official below for educational purposes.

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

Kassakhian Ardy Council Member/Director City of Glendale  
 Last Name First Name Position/Title Department/Division  
 Nersesyan Stephan Deputy General Manager City of Glendale  
 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.

 \_\_\_\_\_ John Takhtalian Assistant City Manager 12/13/22  
 Signature Print Name Title (month, day, year)

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

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- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest, Form 700.

### When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

### Website Posting:

#### State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

#### Local Agencies

The website posting rules differ for travel and non-travel payments.

#### Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

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#### Payments Not Related to Travel

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Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to [form801@fppc.ca.gov](mailto:form801@fppc.ca.gov). Statements may also be mailed to 1102 Q Street, Suite 3000, Sacramento, CA 95811 or faxed to (916) 322-3711.

### Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

### Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

### Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

**Section 3.1.b.** Report agency payments that are not travel related.

### Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

### Section 3.3. Identify Officials

**Travel Payments:** The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

**Non-Travel Payments:** The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

### Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.

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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Glendale		CITY CLERK 2022 DEC 13 PM 2:15	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 613 E Broadway, Glendale, CA 91206			
Area Code/Phone Number 818-548-2107	Email lzalyan@glendaleca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Metropolitan Water District of Southern CA

Last Name First Name Name

700 N. Alamed Los Angeles CA 90012

Address City State Zip Code

Water District

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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**3.1 (a) Travel Payment** Hoover-CRA Inspection Trip November 4-6, 2022

Location of Travel Dates (month, day, year)

Southwest  Rail  Air  Bus  Auto  Other Gene Camp

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 60.00 \$ 191.94 \$ 292.98 \$ \_\_\_\_\_ \$ 544.91

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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. Metropolitan expended this amount above (\$544.91) per official below for educational purposes.

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

Calvert	Bradley	CDD Director	City of Glendale
_____	_____	_____	_____
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.

 \_\_\_\_\_ John Takhtalian Assistant City Manager 12/13/22

Signature Print Name Title (month, day, year)

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

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# Payment to Agency Report Instructions

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California  
Form **801**

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## Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

**Section 3.1.b.** Report agency payments that are not travel related.

## Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

## Section 3.3. Identify Officials

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City of Glendale

Division, Department, or Region (if applicable)

Street Address

613 E Broadway, Glendale, CA 91206

Area Code/Phone Number

818-548-2107

Email

lzalyan@glendaleca.gov

Agency Contact (name and title)

Leo Zalyan, Administrative Analyst/Utility Legislative Affairs

Date Stamp
CITY CLERK
2022 DEC 13 PM 2:15

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

Last Name

First Name

Other

Metropolitan Water District of Southern CA

700 N. Alamed

Los Angeles

CA

90012

Address

City

State

Zip Code

Water District

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Name Amount Name Amount

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

3.1 (a) Travel Payment

Hoover-CRA Inspection Trip

November 4-6, 2022

Location of Travel

Dates (month, day, year)

Southwest

Transportation Provider

Rail

Air

Bus

Auto

Other

Gene Camp

Name of Lodging Facility

\$ 60.00

Lodging Expenses

\$ 191.94

Meal Expenses

\$ 292.98

Transportation Expenses

\$ Other Expenses

\$ 544.91

Total Expenses

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

Dates (month, day, year)

\$

Total Expenses

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Brotman

Last Name

Daniel

First Name

Council Member

Position/Title

City of Glendale

Department/Division

De Ghetto

Last Name

Michael

First Name

Chief AGM

Position/Title

City of Glendale

Department/Division

4. Verification

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

Signature

John Takhtalian
Print Name

Assistant City Manager
Title

12/13/22
(month, day, year)

Comment:

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

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 Jones David Sustainability Officer City of Glendale  
 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 \_\_\_\_\_ John Taxhtalian Print Name \_\_\_\_\_ Assistant City Manager Title \_\_\_\_\_ 12/13/22 (month, day, year)

Comment:  
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Last Name	First Name	Position/Title	Department/Division
Zalyan	Leo	Administrative Analyst	City of Glendale
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 John Takhtabian Print Name Assistant City Manager Title 12/13/22 (month, day, year)

Comment:  
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### Local Agencies

The website posting rules differ for travel and non-travel payments.

### Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

### Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to [form801@fppc.ca.gov](mailto:form801@fppc.ca.gov). Statements may also be mailed to 1102 Q Street, Suite 3000, Sacramento, CA 95811 or faxed to (916) 322-3711.

## Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

## Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

## Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

**Section 3.1.b.** Report agency payments that are not travel related.

## Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

## Section 3.3. Identify Officials

**Travel Payments:** The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

**Non-Travel Payments:** The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

## Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

**1. Agency Name**  
 City of Glendale  
 Division, Department, or Region (if applicable)  
 Street Address  
 613 E Broadway, Glendale, CA 91206  
 Area Code/Phone Number 818-548-2107 Email lzalyan@glendaleca.gov  
 Agency Contact (name and title)  
 Leo Zalyan, Administrative Analyst/Utility Legislative Affairs

**CITY CLERK** Date Stamp  
 2022 DEC 13 PM 2: 15

**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 Metropolitan Water District of Southern CA  
 Last Name First Name Name  
 700 N. Alamed Los Angeles CA 90012  
 Address City State Zip Code  
 Water District  
 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** Hoover-CRA Inspection Trip November 4-6, 2022  
 Location of Travel Dates (month, day, year)  
 Southwest  Rail  Air  Bus  Auto  Other Gene Camp  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ 60.00 \$ 191.94 \$ 323.99 \$ \_\_\_\_\_ \$ 575.93  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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.  
 Metropolitan expended this amount above (\$565.91) per official below for educational purposes.

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

Young	Mark	General Manager	City of Glendale
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
Zalyan	Leo	Administrative Analyst	City of Glendale
_____ 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.

 \_\_\_\_\_ John Takhtabian \_\_\_\_\_ Assistant City Manager \_\_\_\_\_ 12/13/22  
 Signature Print Name Title (month, day, year)

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

Clear Page

# Payment to Agency Report Instructions

2019-2020 FPPC Form 801 A Public Document

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefiting employee and subject to reporting on a Statement of Economic Interest, Form 700.

## When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

## Website Posting:

### State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

### Local Agencies

The website posting rules differ for travel and non-travel payments.

#### Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

#### Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to [form801@fppc.ca.gov](mailto:form801@fppc.ca.gov). Statements may also be mailed to 1102 Q Street, Suite 3000, Sacramento, CA 95811 or faxed to (916) 322-3711.

## Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

## Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

## Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

**Section 3.1.b.** Report agency payments that are not travel related.

## Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

## Section 3.3. Identify Officials

**Travel Payments:** The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

**Non-Travel Payments:** The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

## Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Glendale

Division, Department, or Region (if applicable)

Street Address

613 E Broadway, Glendale, CA 91206

Area Code/Phone Number

818-548-2107

Email

lzalyan@glendaleca.gov

Agency Contact (name and title)

Leo Zalyan, Administrative Analyst/Utility Legislative Affairs

Date Stamp
CITY CLERK
2022 DEC 13 PM 2:15

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

Last Name

First Name

Other

Metropolitan Water District of Southern CA

700 N. Alamed

Los Angeles

CA

90012

Address

City

State

Zip Code

Water District

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

Hoover-CRA Inspection Trip

November 4-6, 2022

Location of Travel

Dates (month, day, year)

Southwest

Transportation Provider

Rail

Air

Bus

Auto

Other

Gene Camp

Name of Lodging Facility

\$ 60.00

Lodging Expenses

\$ 191.94

Meal Expenses

\$ 292.98

Transportation Expenses

\$ Other Expenses

\$ 544.91

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.

Metropolitan expended this amount above (\$544.91) per official below for educational purposes.

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

Brotman

Last Name

Daniel

First Name

Council Member

Position/Title

City of Glendale

Department/Division

De Ghetto

Last Name

Michael

First Name

Chief AGM

Position/Title

City of Glendale

Department/Division

4. Verification

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

Signature

John Takhtalian
Print Name

Assistant City Manager
Title

12/13/22
(month, day, year)

Comment:

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

# Payment to Agency Report Instructions

## A Public Document

This form is used to report certain payments received by state and local government agencies. It includes:

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FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefiting employee and subject to reporting on a Statement of Economic Interest, Form 700.

### When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

### Website Posting:

#### State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

#### Local Agencies

The website posting rules differ for travel and non-travel payments.

#### Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

#### Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to [form801@fppc.ca.gov](mailto:form801@fppc.ca.gov). Statements may also be mailed to 1102 Q Street, Suite 3000, Sacramento, CA 95811 or faxed to (916) 322-3711.

### Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

### Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

### Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

**Section 3.1.b.** Report agency payments that are not travel related.

### Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

### Section 3.3. Identify Officials

**Travel Payments:** The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

**Non-Travel Payments:** The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

### Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Glendale

Division, Department, or Region (if applicable)

Street Address

613 E Broadway, Glendale, CA 91206

Area Code/Phone Number

818-548-2107

Email

lzalyan@glendaleca.gov

Agency Contact (name and title)

Leo Zalyan, Administrative Analyst/Utility Legislative Affairs

Date Stamp

2022 DEC 13 PM 2:15

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

Last Name

First Name

Other

Metropolitan Water District of Southern CA

Name

700 N. Alamed

Los Angeles

CA

90012

Address

City

State

Zip Code

Water District

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

Hoover-CRA Inspection Trip

November 4-6, 2022

Location of Travel

Dates (month, day, year)

Southwest

Transportation Provider

Rail

Air

Bus

Auto

Other

Gene Camp

Name of Lodging Facility

\$ 60.00

Lodging Expenses

\$ 191.94

Meal Expenses

\$ 323.99

Transportation Expenses

\$

Other Expenses

\$ 575.93

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.

Metropolitan expended this amount above (\$565.91) per official below for educational purposes.

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

Werner

Last Name

Rondi

First Name

Commissioner

Position/Title

City of Glendale

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

John Takhtalian

Print Name

Deputy City Manager

Title

12/13/22

(month, day, year)

Comment:

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

# Payment to Agency Report Instructions

A Public Document

California  
Form **801**

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
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## When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

## Website Posting:

### State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

### Local Agencies

The website posting rules differ for travel and non-travel payments.

### Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
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### Payments Not Related to Travel

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If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

## Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

**Section 3.1.b.** Report agency payments that are not travel related.

## Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

## Section 3.3. Identify Officials

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**Non-Travel Payments:** The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

## Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

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Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

**1. Agency Name**  
 City of Glendale  
 Division, Department, or Region (if applicable)  
 Street Address  
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 Area Code/Phone Number 818-548-2107 Email lzalyan@glendaleca.gov  
 Agency Contact (name and title)  
 Leo Zalyan, Administrative Analyst/Utility Legislative Affairs

Date Stamp  
 CITY CLERK  
 2022 DEC 13 PM 2:15

**California Form 801**  
 For Official Use Only

Amendment (explain in comment section)  
 Date of Original Filing: \_\_\_\_\_  
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2. Donor Name and Address

Individual \_\_\_\_\_  Other Metropolitan Water District of Southern CA  
 Last Name First Name Name  
 700 N. Alamed Los Angeles CA 90012  
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Water District  
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

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**3.1 (a) Travel Payment** Hoover-CRA Inspection Trip November 4-6, 2022  
 Location of Travel Dates (month, day, year)  
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 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ 60.00 \$ 191.94 \$ 313.98 \$ \_\_\_\_\_ \$ 565.91  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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.


Metropolitan expended this amount above (\$565.91) per official below for educational purposes.

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

Kassakhian	Ardy	Council Member/Director	City of Glendale
Last Name	First Name	Position/Title	Department/Division
Nersesyan	Stephan	Deputy General Manager	City of Glendale
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.

 \_\_\_\_\_ John Takhtalian \_\_\_\_\_ Assistant City Manager \_\_\_\_\_ 12/13/22  
 Signature Print Name Title (month, day, year)

Comment:

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

Clear Page

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### Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

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Verification of non-travel payments must be signed by the agency head.