Payment to Agency	Report	A Public Do	cument		PAYMENT TO AGENCY REPOR
. Agency Name				Date Stamp	California On4
City of Glendale			CITY C	CLERK	Form OU
Division, Department, or	Region (if applicable)		2023 MAR -8	AM 9: 56	For Official Use Only
Street Address					
613 E Broadway, Glend	ale, CA 91206				
Area Code/Phone Number					
818-548-2107	Izalyan@glendale	eca.gov	An An	nenament (explain	in comment section)
Agency Contact (name and	title)		Date o	f Original Filing:	12/13/22 (month, day, year)
Leo Zalyan, Administrat	ive Analyst/Utility Legi	slative Affairs			(month, day, year)
. Donor Name and Ad	dress		· · · · · · · · · · · · · · · · · · ·		
☐ Individual			Other Metro	oolitan Water [District of Southern CA
Last Name	First	Name			Name
700 N. Alamed		Los Angeles		CA State	90012 Zip Code
Water District		Olly		O Late	Zip Code
If "Other" is marked, describe the e	entity's business activity (if busin	ness) or its nature and into	erests		
	le, identify the name of e	each source and the	amount(s) received	by the donor for	this payment:
	\$				\$
. Payment Information		Amount		ame	Amount
3.1 (a) Travel Payment Southwest		Inspection Trip Location of Travel Air			nber 4-6, 2022 Dates (month, day, year) Camp
Transportation Provi	der	Check Applicable Bo			Name of Lodging Facility
\$ 60.00	\$ 192.48	s 323.99	11.37		\$ 587.84
Lodging Expenses	Meal Expenses	Transportation Exp	enses Other E	Expenses	Total Expenses
3.1 (b) Payment(s) not	t related to travel:		Dates (month, day, year)	\$	Total Expenses
2.2 Payment Descript	ion. Broyida a anasi	fia description o			
3.2. Payment Descript	·			• • • •	
Metropolitan expend	ded this amount ab	oove (\$565.91)	per official belo	w for educat	tional purposes.
3.3. Identify the official	ils who used the pay	ment in Section	3.1 (See instructions)		
Werner	Rondi		Commissioner	Cit	y of Glendale
Last Name	First Nam	ne	Position/Title		Department/Division
Last Name	First Nan	ne .	Position/Title		Department/Division
. Verification					
	unce of the reported no	wmont(s) as in as	malianes with EBD	C regulations	
I authorized the accepta	ince of the reported ba		inpliance with FFP	o regulations,	
Signature		n / a Khtalian	Assistan	1 (Sty Manay	er 2/28/23
		FIRE CARRIES		ilucy	(month, day, year)
Comment: Notified by M	MWD on 2/15/23 of add	ditional "other exp	enses" should be in	ncluded for hat	s, journals, and pens.
(Use this space or an attachm	nent for any additional inform	nation)			

. Agency Name		A Public D	Journalit	Date Sta		California O A
City of Glendale						
Division, Department, or Reg	en.	ICLE	For Official Use Only			
	2023 MAR	-8 AM	9: 56			
Street Address				1		3 00
613 E Broadway, Glendale	, CA 91206					
Area Code/Phone Number	Email			- Amandas	må (avalata ta	
818-548-2107	Izalyan@glendaled	ca.gov				comment section)
Agency Contact (name and title)				Date of Origina	al Filing: $\frac{1}{2}$	2/13/22
Leo Zalyan, Administrative	Analyst/Utility Legisl	lative Affairs				(month, day, year)
Donor Name and Addre	ess					
☐ Individual			Other	Metropolitan	Water Dis	strict of Southern CA
Last Name	First N	ame	Other		Na	me
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 busines	ss) or its nature and in	terests.			
If applicable	identify the name of ea	ch source and the	a amount(e) =	aceived by the -	lanar for +	is navment:
II applicable,	dentity the name of ear	cii soulce and th	e amount(s) n	eceived by the c	וטווטו וטו נוו	is payment
Name	<u> </u>	Amount		Name		\$Amount
			0.0.00	(401)(4		Amount
Payment Information (0			3.2, 3.3)			4.0.0000
3.1 (a) Travel Payment	Hoover-CRA In	· · · · · · · · · · · · · · · · · · ·		_		er 4-6, 2022
Caudhunah	Lo	cation of Travel				tes (month, day, year)
Southwest	Rail	■ Air □ B	us 🔲 Auto	o 🔲 Other	Gene Ca	•
Transportation Provider		Check Applicable B			Nai	me of Lodging Facility
\$ 60.00	192.48	s 292.98		11.37	_	\$ 556.83
Lodging Expenses	Meal Expenses	Transportation Ex	penses	Other Expenses	_	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:			\$		
			Dates (month, o	day, year)		Total Expenses
3.2. Payment Description	. Provide a specific	c description o	of the payme	ent and its ag	ency pur	pose and use.
Metropolitan expended	d this amount abo	NA (\$565.01)	ner officis	al below for	aducatio	nal nurnosos
monopolitan expende	a tino amount abo	νο (ψουο.ο 1 _.	per officia	al Delow IOI	educalio	ilai puiposes.
3.3. Identify the officials	who used the paym	ent in Section	3.1 (See instru	ctions)		
Calvert	Bradley		CDD Direct	or	City o	of Glendale
Last Name	First Name		Pos	ition/Title		Department/Division
Last Nama	Pl-s A No.					
Last Name	First Name		Pos	ition/Title		Department/Division
Verification						
I authorized the acceptance	of the reported pavi	ment(s) as in co	ompliance wi	ith FPPC regul	ations	
Cont.				•		01. 1
Signature		Takhhalian Print Name	145	Sistant City	Manag	/ 28/2 /month day year
					_	(**************************************
Comment: Notified by MW	O on 2/15/23 of addit	tional "other exp	enses" shou	uld be included	for hats,	journals, and pens.
(Use this space or an attachment	for any additional informati	tion)		-		

Payment to Agency	Report A Pub	olic Document		PAYMENT TO AGENCY REPO
. Agency Name			Date Stamp	California
City of Glendale		i i	Form OU	
Division, Department, or	Region (if applicable)	79-1	CITY 6	For Official Use Only
		5	2023 MAR -8	AM O ~-
Street Address			1	Hr 4: 56
613 E Broadway, Glend	ale, CA 91206			
Area Code/Phone Number	er Email		Amendment /	explain in comment section)
818-548-2107	Izalyan@glendaleca.gov			
Agency Contact (name and	title)		Date of Original F	iling: (month, day, year)
Leo Zalyan, Administrat	ive Analyst/Utility Legislative Aff	airs		(monni, day, yaar)
. Donor Name and Ad	dress			
☐ Individual		Other	Metropolitan Wa	ater District of Southern CA
Last Name	First Name	(A)		Name
700 N. Alamed	Los An	igeles	C. Sta	
Water District	City		312	ate Zip Code
	entity's business activity (if business) or its nat	him and interests		
	may o business dustry (if dustriess) of its field	are and into easy.		
	le, identify the name of each source	and the amount(s) re	eceived by the don	or for this payment:
	\$			e e
Name	Amount		Name	Amount
Southwest Transportation Provi \$ 60.00 Lodging Expenses	\$ 192.48 \$ 313 Meal Expenses Transport	Bus Auto	Other G	Name of Lodging Facility \$ 577.83 Total Expenses
3.1 (b) Payment(s) not	related to travel:	Dates (month, d	day, year)	Total Expenses
3.2. Payment Descript	ion. Provide a specific descri	ntion of the navmo	ent and its agen	
Metropolitan expend	ded this amount above (\$5	65.91) per officia	al below for ed	
3.3. Identify the officia	ls who used the payment in S	ection 3.1 (See instru	ctions)	
Jones	David	Sustainabili	ty Officer	City of Glendale
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
Verification				
	nce of the reported payment(s)	as in compliance wi	ith EDDC regulati	one
A decepta	/			ulia.
Signature	TOHN (G/LA)	Wian A	ssistant City	Manager 2/28/2:
	rom Name		inde /	(month, day, year)
Comment: Notified by M	IWD on 2/15/23 of additional "ot	her expenses" shou	uld be included fo	r hats, journals, and pens.
(Use this space or an attachm	ent for any additional information)		_	

ayment to Agency R	eport A	Public Docum	ient		PAYMENT TO AGENCY REPOR
. Agency Name			Da	te Stamp	California 801
City of Glendale				Form OU	
Division, Department, or Re	Jion (if applicable)	· · · · · ·		OIL E	R K For Official Use Only
		2023	MAR -8	Alf 9: 56	
Street Address		*	\dashv		שם יב וויי
613 E Broadway, Glendale	. CA 91206				
Area Code/Phone Number	Email				
818-548-2107	Izalyan@glendaleca.	gov	Ame	ndment (expla	in in comment section)
Agency Contact (name and title)		5	Date of C	riginal Filing	: 12/13/22
Leo Zalyan, Administrative		ve Affairs			(month, day, year)
		101111111			
Donor Name and Addre	ess.		N. d. a. d. a.	***	D: 1: 1 (0 # 04
Individual	FireANI		ther <u>Metropo</u>	litan vvater	District of Southern CA
700 N. Alamed	First Name	os Angeles		CA	90012
Address	Ci			State	Zip Code
Water District					
If "Other" is marked, describe the entity	's business activity (if business)	or its nature and interests			
		or its finance strict process.			
If applicable,	identify the name of each	source and the amou	nt(s) received by	the donor fo	r this payment:
	\$				¢
Name	Amo	ount	Name	•	Amount
Payment Information (0	Complete Sections 3	3.1 (a or b), 3.2, 3	.3)		
3.1 (a) Travel Payment	Hoover-CRA Insp	ection Trip	,	Nove	mber 4-6, 2022
	Locati	on of Travel			Dates (month, day, year)
Southwest	□ Rail	Air □ Bus □	Auto 🗀 Otl	er Gene	Camp
Transportation Provider		heck Applicable Boxes			Name of Lodging Facility
£ 60.00	192.48	292.98	_e 11.37		556.83
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Exp	enses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:			\$	
		Dates (nonth, day, year)		Total Expenses
3.2. Payment Description	. Provide a specific d	lescription of the p	ayment and it	s agency i	ourpose and use.
Metropolitan expende					
Metropolitari experide	ז נוווס מוווטטוונ מטטעפ	ε (Φυσυυσι) μ ε ι τ	iliciai below	ioi educa	ational purposes.
3.3. Identify the officials	who used the paymen	it in Section 3.1 (Se	e instructions)		
Brotman	Daniel	Counc	il Member	Ci	ty of Glendale
Last Name	First Name		Position/Title		Department/Division
De Ghetto	Michael	Chief.	AGM	C	ity of Glendale
Last Name	First Name	Officer :	Position/Title		Department/Division
	1 1131 1461116		- Caldoly Tide		DebarqueusOtasiou
Verification					
I authorized the acceptance	of the reported payme	ent(s) as in compliar	ce with FPPC	regulations	
Cha	John Ta	Entalian	Accielan	+ Pite de	100c 2/20/22
Signature	Print	Name	11315/07(1)	Title /	2/23/25 (month, day, year)
O Notified by MMM	D on 2/15/22 of addition	al "other eveness"	chould be in-	udad far k	to lougnets and non-
Comment: Notified by MW			SHOULD BE INC	uuea ior na	ns, journais, and pens.
(Use this space or an attachment	ior any additional information	1)			5000 From 004 (In-

ayment to Agency R	eport A	Public Docume	<u> </u>	PAYMENT TO AGENCY REPO
Agency Name		·	_ Date Stamp	California O O
City of Glendale			CITY CLE	RK Form OU
Division, Department, or Reg	Jion (if applicable)		2023 MAR -8 A	For Official Use Only
Street Address			_	
613 E Broadway, Glendale	CA 91206			
Area Code/Phone Number	Email			
818-548-2107	Izalyan@glendaleca.g	101/	Amendment (explain in comment section)
Agency Contact (name and title)			Date of Original F	iling. 12/13/22
Leo Zalyan, Administrative		e Affairs		(month, day, year)
Donor Name and Addre	ess			
☐ Individual		Oti	her Metropolitan Wa	ater District of Southern CA
Last Name	First Name	00 A===l==		Name 00040
700 N. Alamed	Cit	os Angeles	C.	
Water District	Cit		Sta	re Tib Code
if "Other" is marked, describe the entity	's business activity (if business) o	rits nature and interests.		
If applicable,	identify the name of each s	source and the amount	(s) received by the done	or for this payment;
Name	\$Amo	unt	Name	\$\$
Payment Information (0				Allount
	Hoover-CRA Inspe			ovember 4-6, 2022
3.1 (a) Travel Payment		n of Travel		Dates (month, day, year)
Southwest			G.	ene Camp
Transportation Provider			Auto 🗌 Other 🕓	Name of Lodging Facility
60.00	, 192.48	eck Applicable Boxes	<u>_</u> 11.37	577.83
S Lodging Expenses		Transportation Expenses	S Other Expenses	S Total Expenses
		ITALISPORTERON Expenses	•	Iotal Expenses
3.1 (b) Payment(s) not re	lated to travel:	Dates (mo	onth, day, year)	Total Expenses
3.2. Payment Description	. Descride a seculfic d			
Metropolitan expended	d this amount above	(\$565.91) per of	ficial below for ed	·
3.3. Identify the officials				
Kassakhian	Ardy	Council	Member	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
Verification				
l authorized the acceptance	of the reported paymer	nt(s) as in compliance	e with FPPC regulation	ons.
Oct.				
Signature		Name	Assistant lity	month day year
	· ·	·	1146	(monut, day, year)
Comment: Notified by MWI	O on 2/15/23 of addition	al "other expenses" s	should be included fo	r hats, journals, and pens.
(Use this space or an attachment	for any additional information)			

ayment to Agency K	eport A	Public Document		PAYMENT TO AGENCY REPO
Agency Name			Date Stamp	California QA
City of Glendale		19	TY GLERK	Form OU
Division, Department, or Re	jion (if applicable)	2023 MAF	-8 AM 9: 56	For Official Use Only
Street Address			5. 50	
613 E Broadway, Glendale	CA 91206			
Area Code/Phone Number	Email			
818-548-2107	Izalyan@glendaleca.	aov	Amendment (exp	lain in comment section)
			Date of Original Filin	. 12/13/22
Agency Contact (name and title) Leo Zalyan, Administrative		ve Affairs	But of Original Filling	(month, day, year)
Donor Name and Addre				
☐ Individual		Other	Metropolitan Water	r District of Southern CA
Last Name	First Name	_		Name
700 N. Alamed		os Angeles	CA	90012
Address Water District	Ci	ity	State	Zip Code
f "Other" is marked, describe the entity	In husianne antivity (if husianne)	ne its nature and interests		
Name	\$	source and the amount(s) re	Name	\$Amount
Payment Information (Complete Sections	11 (a or h) 32 33)		
	Hoover-CRA Insp		Nove	ember 4-6, 2022
3.1 (a) Travel Payment		on of Travel	_	Dates (month, day, year)
Southwest			Con	e Camp
Transportation Provider		Air Bus Aut	o ☐ Other Gen	Name of Lodging Facility
60.00		theck Applicable Boxes 323.99	11.37	\$ 587.84
\$ Lodging Expenses	Meal Expenses	\$ Transportation Expenses	Other Expenses	Total Expenses
		Transportation Expenses	Osici Expenses	Total Experience
3.1 (b) Payment(s) not re	lated to travel:	Dates (month,	day year)	Total Expenses
2.2. Doumant Deposition	. Drawida a anacida a			
3.2. Payment Description				
Metropolitan expende	d this amount above	e (\$565.91) per officia	al below for educ	ational purposes.
3.3. Identify the officials	who used the paymer	it in Section 3.1 (See instru	ictions)	
Young	Mark	General Ma		City of Glendale
Last Name	First Name		ition/Title	Department/Division
words Fraction	1 1131 1161110	POS	now, a 1100	Debaration (Apple)
Zalyan	Leo			City of Glendale
Last Name	First Name	Pos	sition/Title	Department/Division
Verification				
l authorized the acceptance	e of the reported payme	ent(s) as in compliance w	ith FPPC regulation	s
	- 1			
Signature		lakhtalian Ass	istant City Ma	nggo 2/28/2
	F1100	1 TOMESTO	1100	(month, day, year
Comment: Notified by MW	D on 2/15/23 of addition	nal "other expenses" sho	uld be included for h	nats, journals, and pens.
(Use this space or an attachment	for any additional information	1)	-	