

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Glendale		Date Stamp <b>CITY CLERK</b> 2023 MAR -8 AM 9:56	California Form <b>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 checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs		Date of Original Filing: 12/13/22 (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	\$ 192.48	\$ 323.99	\$ 11.37	\$ 587.84
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)

Werner	Rondi	Commissioner	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 \_\_\_\_\_ 2/28/23

Signature Print Name Title (month, day, year)

Comment: Notified by MWD on 2/15/23 of additional "other expenses" should be included for hats, journals, and pens. (Use this space or an attachment for any additional information)



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Glendale		Date Stamp CITY OF GLENDALE 2023 MAR -8 AM 9:56	California Form 801 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 checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs		Date of Original Filing: 12/13/22 (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	\$ 192.48	\$ 292.98	\$ 11.37	\$ 556.83
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)

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	2/28/23
Signature	Print Name	Title	(month, day, year)

Comment: Notified by MWD on 2/15/23 of additional "other expenses" should be included for hats, journals, and pens.

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Glendale		Date Stamp <b>CITY CLERK</b> 2023 MAR -8 AM 9:56	<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 checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs		Date of Original Filing: 12/13/22 (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	\$ 192.48	\$ 313.98	\$ 11.37	\$ 577.83
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)

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.

 \_\_\_\_\_ John Takhtalian \_\_\_\_\_ Assistant City Manager \_\_\_\_\_ 2/28/23

Signature Print Name Title (month, day, year)

Comment: Notified by MWD on 2/15/23 of additional "other expenses" should be included for hats, journals, and pens. (Use this space or an attachment for any additional information)

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Glendale		Date Stamp <b>CITY CLERK</b> 2023 MAR -8 AM 9:56	<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 checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs		Date of Original Filing: 12/13/22 (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	\$ 192.48	\$ 292.98	\$ 11.37	\$ 556.83
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)

Brotman Daniel Council Member City of Glendale
Last Name First Name Position/Title Department/Division
De Ghetto Michael Chief AGM 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 Takhtalian Print Name Assistant City Manager Title 2/21/23 (month, day, year)

Comment: Notified by MWD on 2/15/23 of additional "other expenses" should be included for hats, journals, and pens.

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Glendale		Date Stamp <b>CITY CLERK</b>  2023 MAR -8 AM 9:56	California <b>801</b> Form 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 checked="" type="checkbox"/> <b>Amendment</b> (explain in comment section) Date of Original Filing: <u>12/13/22</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs			

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): \_\_\_\_\_

Rail  Air  Bus  Auto  Other Gene Camp  
 Transportation Provider Name of Lodging Facility

\$ <u>60.00</u>	\$ <u>192.48</u>	\$ <u>313.98</u>	\$ <u>11.37</u>	\$ <u>577.83</u>
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)

<u>Kassakhian</u>	<u>Ardy</u>	<u>Council Member</u>	<u>City of Glendale</u>
Last Name	First Name	Position/Title	Department/Division
<u>Nersesyan</u>	<u>Stephan</u>	<u>Deputy General Manager</u>	<u>City of Glendale</u>
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 2/28/23  
 Signature Print Name Title (month, day, year)

Comment: Notified by MWD on 2/15/23 of additional "other expenses" should be included for hats, journals, and pens.

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Glendale		Date Stamp <b>CITY CLERK</b> 2023 MAR -8 AM 9:56	California <b>801</b> Form 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 checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Leo Zalyan, Administrative Analyst/Utility Legislative Affairs		Date of Original Filing: <u>12/13/22</u> (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

Southwest  Rail  Air  Bus  Auto  Other Gene Camp

Transportation Provider Location of Travel Dates (month, day, year) Name of Lodging Facility

\$ <u>60.00</u>	\$ <u>192.48</u>	\$ <u>323.99</u>	\$ <u>11.37</u>	\$ <u>587.84</u>
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)

<u>Young</u>	<u>Mark</u>	<u>General Manager</u>	<u>City of Glendale</u>
Last Name	First Name	Position/Title	Department/Division
<u>Zalyan</u>	<u>Leo</u>	<u>Administrative Analyst</u>	<u>City of Glendale</u>
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 Assistant City Manager 2/28/23

Signature Print Name Title (month, day, year)

Comment: Notified by MWD on 2/15/23 of additional "other expenses" should be included for hats, journals, and pens.  
(Use this space or an attachment for any additional information)

Clear Page