

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

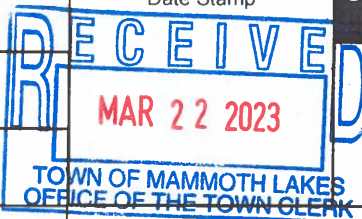
Town of Mammoth Lakes
Division, Department, or Region (if applicable)

Street Address
437 Old Mammoth Road, Suite 230

Area Code/Phone Number
760-965-3600
Email

Agency Contact (name and title)
Jamie Gray, Town Clerk

Date Stamp



California 801 Form

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other The Pacific Companies
Last Name First Name Name
430 E. State Street, Suite 100 Eagle ID 83616
Address City State Zip Code

Affordable housing developer

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 Mammoth Lakes, CA to Boise, ID 5/25/22 to 5/26/22
Location of Travel Dates (month, day, year)
Private Plane Transportation Provider Rail Air Bus Auto Other NA
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 5/25/2022 \$ 2,750.00
Dates (month, day, year) Total Expenses

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

Pacific West Communities, Inc. allowed Ms. Moberly and Ms. Callanan to fly on a company-owned plane from Mammoth Lakes, CA to Boise, ID in order to facilitate a tour of affordable housing sites and modular factories to inform the affordable housing project in Mammoth Lakes.

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

Moberly Sandra Community & Economic Dev Community & Economic Dev
Last Name First Name Position/Title Department/Division
Callanan Amy Engineering Manager Public Works
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 Sandra Moberly Community + Econ Dev. Director 3/22/23
Print Name Title (month, day, year)

Comment:

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

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