

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

City of Arcata

Division, Department, or Region (if applicable)

City Manager's Office

Street Address

736 F Street, Arcata CA 95521

Area Code/Phone Number

707-822-5953

Email

citymgr@cityofarcata.org

Agency Contact (name and title)

Rhea Varley, City Clerk

Date Stamp  
**RECEIVED**

NOV 17 2025

CITY OF ARCATA  
CITY MANAGER'S OFFICE

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

Last Name

First Name

☒ Other

NALEO Educational Fund

1000 Corporate Center Dr., Ste. 310

Monterey Park

CA

91754

Address

City

State

Zip Code

NALEO is a non-partisan, non-profit association that facilitates full Latino participation in the American political process.

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:

NA

\$ 0.00

NA

\$ 0.00

Name

Amount

Name

Amount

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

### 3.1 (a) Travel Payment

Arcata, CA to El Paso, TX

September 24-26, 2025

Location of Travel

Dates (month, day, year)

United and/or Southwest Airlines

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

DoubleTree by Hilton Hotel El P

Transportation Provider

Check Applicable Boxes

Name of Lodging Facility

\$ 400.00

\$ 70.00

\$ 600.00

\$ 0.00

\$ 1,070.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

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

NA

\$ 0.00

Dates (month, day, year)

Total Expenses

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

Kimberley White received a travel scholarship from NALEO Educational Fund to attend the NALEO Policy Institute on Infrastructure. The scholarship covered the cost of her flight (pending confirmation of total for this from NALEO, amount provided was the maximum that they stated they would cover); the cost of a two night's stay at the hotel detailed above (estimate of cost provided, still waiting for total confirmation from NALEO); there was no cost for registration and two breakfasts and two lunches were provided (pending confirmation of totals, amounts listed are in accordance with Per Diem Rates for the area).

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

White

Kimberley

Vice Mayor/Councilmember

City Council

Last Name

First Name

Position/Title

Department/Division

NA

NA

NA

NA

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.

Merritt Perry

City Manager

11/17/25

Print Name

Title

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov

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