

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp RECEIVED	California Form 801
City of Arcata		For Official Use Only	
Division, Department, or Region (if applicable)		NOV 17 2025	
City Manager's Office		CITY OF ARCATA CITY MANAGER'S OFFICE	
Street Address			
736 F Street, Arcata CA 95521			
Area Code/Phone Number 707-822-5953	Email citymgr@cityofarcata.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Rhea Varley, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> 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	Location of Travel	September 24-26, 2025
United and/or Southwest Airlines	Transportation Provider	<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Dates (month, day, year)
\$ 400.00	\$ 70.00	\$ 600.00	\$ 1,070.00
Lodging Expenses	Meal Expenses	Transportation Expenses	Other 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.

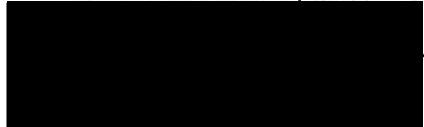
Kimberley White received a travel scholarship from NALEO Educational Fund to attend the NALEO Policy Institute on Infrastructure. The scholarship covered the cost of her flight (pending confirmation of total for this from NALEO, amount provided was the maximum that they stated they would cover); the 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/Councilmembe	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)

Comments: 

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