

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp CITY OF MERCED JUL 20 4 11:58	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Merced Police Department			
Street Address 678 W. 18th Street		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 209-385-6912	Email cavallerot@cityofmerced.org		
Agency Contact (name and title) Tom Cavallero			

2. Donor Name and Address

Individual Purcell William Other Jung Kim
Last Name First Name Name

Address City State Zip Code

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

Location of Travel Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other
Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 100.00
Dates (month, day, year) Total Expenses

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

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

<u>Cavallero</u> <small>Last Name</small>	<u>Tom</u> <small>First Name</small>	<u>Interim Police Chief</u> <small>Position/Title</small>	<u>Police Department</u> <small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature THOMAS I. CAVALLERO CHIEF OF POLICE 7-1-2020
Print Name Title (month, day, year)

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

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