

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Merced		Date Stamp CITY OF MERCED AUG 13 2020 PM 12:00	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Merced Fire Department			
Street Address 678 W. 18th Street			
Area Code/Phone Number 209-388-8541	Email alcornb@cityofmerced.org		
Agency Contact (name and title) Bill Alcorn		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Kassis Chuck  Other \_\_\_\_\_  
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

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) \_\_\_\_\_

\_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_  
Transportation Provider 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: 7/27/2020 \$ 16,000.00  
Dates (month, day, year) Total Expenses

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

For the purchase of a Lucas 3, v3.1 chest compression system and accessories for use by the Merced City Fire Department.

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

<u>Alcorn</u>	<u>Billy</u>	<u>Fire Chief</u>	<u>Fire Department</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<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 Billy Alcorn Fire Chief 8/12/20  
Print Name Title (month, day, year)

Comment:

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

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