

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Merced		Date Stamp CITY OF MERCED SEP 20 PM 3:12	California <b>801</b> Form For Official Use Only
Division, Department, or Region (if applicable) Police Department			
Street Address 611 W 22nd St. Merced, CA 95340		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (209) 385-4710	Email rodriguezbr@cityofmerced.org		
Agency Contact (name and title) Brian Rodriguez, Police Lieutenant			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Vision / Outreach Harvest Church

\_\_\_\_\_ Name

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Non-profit community organization

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:

Vision / Outreach Harvest Church	\$ 10,000.00	_____	\$ _____
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 \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

Check Applicable Boxes

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

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ \_\_\_\_\_

Dates (month, day, year) \_\_\_\_\_ Total Expenses \_\_\_\_\_

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 For purchase of a police canine for the Merced Police Department K-9 Unit.

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

_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ 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    THOMAS I. CAVALLO Print Name    CHIEF OF POLICE Title    8-27-2020 (month, day, year)

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

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