

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Merced Police Department		Date Stamp CITY OF MERCED SEP 20 2018	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 611 W. 22 nd St., Merced CA, 95340			
Area Code/Phone Number 2093856905	Email morat@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Thomas Cavallero, Chief of Police		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other SB Clothing Inc./ DBA Familia Outlet

_____ Name

_____ Address _____ City _____ State _____ Zip Code _____

Clothing sales

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:

SB Clothing/Familia Outlet \$ 1,000.00 _____ \$ _____

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.
To assist the Merced Police Department with public relations.

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.

_____ Thomas Cavallero Chief of Police 08/26/20

Signature Print Name Title (month, day, year)

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