

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
City of Merced			
Division, Department, or Region (if applicable) Fire Department			
Street Address 99 E. 16th Street			
Area Code/Phone Number 209/385-6982	Email fireweb@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Janet German, Secretary III		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Firefighters Charitable Foundation

_____ Name

_____ Address _____ City _____ State _____ Zip Code _____

Charitable organization funding fire related agencies and those affected by fires.

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:

Firefighters Charitable Foundation	\$ 300.00		
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.

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 Steve Carrigan City Manager _____ Title 11/16/18 (month, day/year)

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