

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)

Police Department

Street Address

611 W 22nd Street Merced, CA

Area Code/Phone Number

209-385-8840

Email

warda@cityofmerced.org

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

Agency Contact (name and title)

Alan Ward, Police Lieutenant

2. Donor Name and Address

Individual Bankson William Other

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:

John Bankson \$2,000.00

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 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

4. Verification

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

Signature Steve Carrigan City Manager Title 3/13/2018 (month, day, year)

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