

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp CITY OF MERCED MAR 19 10:45 AM '18	California 801 Form For Official Use Only
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		
Agency Contact (name and title) Alan Ward, Police Lieutenant		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Purcell William 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:

<u>William Purcell</u>	\$ <u>50.00</u>	<u>Jung H. Kim</u>	\$ <u>50.00</u>
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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
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: _____
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)

_____ <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 Steve Carrigan City Manager 3/13/2018
Print Name Title (month, day, year)

Comment:

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

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