10 OCT 2019 AM10:08
CITY CLERK'S OFFICE
PAYMENT TO AGENCY REPORT

Payment to Agency Report — A Public Document

California Form **801**
For Official Use Only

Date Stamp

1. Agency Name

City of Santa Maria

Division, Department, or Region (if applicable)

Fire Department

Street Address

314 W. Cook Street #8

Area Code/Phone Number: 805-925-0951 ext. 2255

Email: fire@cityofsantamaria.org

Agency Contact (name and title)

Leonard Champion, Fire Chief

☐ **Amendment** (explain in comment section)

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

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Idler's Home (Name)

2361 Theatre Drive (Address) | Paso Robles (City) | CA (State) | 93422 (Zip Code)

Retail Store

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:

Idler's Home (Name) $1,799.99 (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 (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: 10/8/19 (Dates (month, day, year)) $ 1,799.99 (Total Expenses)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Payment and value are in the form of a donated Traeger Grill. The Santa Maria Fire Department is using the grill at Station 1.

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

Last Name	First Name	Position/Title	Department/Division
Champion	Leonard	Fire Chief	Fire Department

4. Verification

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

Signature | Jason Stilwell (Print Name) | City Manager (Title) | 10/10/19 (month, day, year)

Comment:

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

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