

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Santa Maria		Date Stamp	California Form 801 For Official Use Only 19 DEC 2018 AM 9:43 CITY CLERK'S OFFICE
Division, Department, or Region (if applicable) Fire Department			
Street Address 314 W. Cook Street #8			
Area Code/Phone Number 805-925-0951 x2255	Email fire@cityofsantamaria.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 11/15/18 <small>(month, day, year)</small>	
Agency Contact (name and title) Leonard Champion, Fire Chief			

2. Donor Name and Address

Individual _____ Other Santa Maria SMOOTH, Inc.

Last Name: _____ First Name: _____ Name: _____
 Address: 240 E. Roemer Way City: Santa Maria State: CA Zip Code: 93454

Curb to curb transportation for seniors.

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>SMOOTH, Inc.</u>	\$ <u>1,000.00</u>	_____	\$ _____
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): _____

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel:

11/15/18 \$ 1,000.00
 Dates (month, day, year) 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 bus. The Santa Maria Fire Department is using the bus for auto extrication training.

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

<u>Champion</u>	<u>Leonard</u>	<u>Fire Chief</u>	<u>Fire Department</u>
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.

 Jason Stilwell City Manager 12/18/18
 Signature Print Name Title (month, day, year)

Comment:

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