

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name <u>Running Springs Fire Dept.</u>		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address <u>31250 Hilltop Blvd. (P.O. Box 2206)</u>			
Area Code/Phone Number <u>909-867-2630</u>	Email <u>g.corley@runningspringsfd.org</u>	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) <u>George Corley (Fire Chief)</u>		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Running Springs Area Golden Oaks

Last Name: _____ First Name: _____ Name: _____
P.O. Box 1018 Running Spring CA 92382
 Address City State Zip Code
Nonprofit Thrift 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:

_____	\$ <u>1000.00</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): _____

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)

_____	_____	_____	_____
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.

George Corley Signature George Corley Print Name Fire Chief Title 7/25/17 (month, day, year)

Comment: Donation for Fire Department

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

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