Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: 2018 JUL -3 PM 1:11

1. Agency Name

City of Guadalupe

Division, Department, or Region (if applicable)

Department of Public Safety

Street Address

918 Obispo Street, Guadalupe, CA 93434

Area Code/Phone Number: 805-343-2112

Email: ghoving@ci.guadalupe.ca.us

Agency Contact (name and title): Gary L. Hoving, Director of Public Safety

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

Date of Original Filing: 06/28/18 (month, day, year)

2. Donor Name and Address

☐ Individual — Last Name: ____ First Name: ____

☑ Other — Name: TrusPro Structural Components, Inc.

Address: P.O. Box 850 | City: Guadalupe | State: CA | Zip Code: 93434

Manufacturer of construction trusses and components

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:

Name	Amount
TruPro	$600.00
	$

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel: N/A

Dates (month, day, year): N/A

Transportation Provider: N/A

Check Applicable Boxes: ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Name of Lodging Facility: N/A

Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
$0.00	$0.00	$0.00	$0.00	$0.00

3.1 (b) Payment(s) not related to travel: Dates (month, day, year): 6/20/2018 — Total Expenses: $ 600.00

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

Donor purchased a software subscription to provide a free emergency broadcast and messaging service for one year. The benefit is to the entire community. Payment was made directly to vendor.

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

Last Name	First Name	Position/Title	Department/Division
Hoving	Gary	Director of Public Safety	Public Safety

4. Verification

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

Signature	Print Name	Title	(month, day, year)
	Gary L. Hoving	Director of Public Safety	06/28/18

Comment: Donor made payment direct to vendor on behalf of City.

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

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