

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
City of Monterey Park		CITY CLERK OFFICE  2015 AUG -6 A 11: 34	
Division, Department, or Region (if applicable)			
Police Department			
Street Address		CITY OF MONTEREY PARK <input type="checkbox"/> Amendment (explain in comment section)	
320 W Newmark Ave			
Area Code/Phone Number	Email	Date of Original Filing: _____ (month, day, year)	
626-307-1222	jsmith@monteeypark.ca.gov		
Agency Contact (name and title)			
Jim Smith, Police Chief			

2. Donor Name and Address

Individual N/A  Other Vested Interest in K9's Inc

\_\_\_\_\_  
Last Name First Name Name

P.O. Box 9, East Taunton MA 02718  
Address City State Zip Code

501c(3) non-profit who provides bullet and stab protective vests and other assistance to dogs of aw Enforcement

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>Vested Interest in K'9's Inc</u>	\$ <u>950.00</u>	<u>Vested Interest in K'9's Inc</u>	\$ <u>950.00</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:

5/15 & 6/26 2015 \$ 1,900.00  
Dates (month, day, year) Total Expenses

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

Donated bullet and stab protective vests for police Department K9's "Veeda" and "Robin."

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

<u>Cota</u>	<u>Ray</u>	<u>K9 Handler</u>	<u>Police Dept / Operations</u>
Last Name	First Name	Position/Title	Department/Division
<u>Palomino</u>	<u>Peter</u>	<u>K9 Handler</u>	<u>Police Dept / Operations</u>
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.

 Eugene Harris Acting Police Chief 09/06/15  
Signature Print Name Title (month, day, year)

Comment: N/A

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