

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Monterey Park		Date Stamp	California Form 801 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Police Department		CITY CLERK OFFICE	
Street Address 320 W. Newmark Avenue		2014 OCT 10 P 4:24	
Area Code/Phone Number 626 307-1222	Email jsmith@montereypark.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jim Smith, Chief of Police		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Proact Office Services, Inc.

Last Name _____ First Name _____ Name _____

924 W. Palomares Avenue La Verne CA 91750

Address _____ City _____ State _____ Zip Code _____

Office Furniture Business

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:

PROACT OFFICE SERVICES \$ 17,000.- _____ \$ _____

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 _____

Transportation Provider 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.

DONATION OF USED OFFICE FURNITURE TO FURNISH THE OFFICE OF THE CHIEF OF POLICE.

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

SMITH JIM POLICE CHIEF POLICE DEPARTMENT

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.

 _____ Jim Smith _____ Chief of Police _____ 10/10/14

Signature Print Name Title (month, day, year)

Comment: USED FURNITURE DONATION. REAL VALUE UNKNOWN

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