

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

Date Stamp
2018 JUL -3

California Form 801
For Official Use Only

Amendment (explain in comment section)
Date of Original Filing: 06/28/18
(month, day, year)

2. Donor Name and Address

Individual Other TrusPro Structural Components, Inc.
Last Name First Name Name
P.O. Box 850 Guadalupe CA 93434
Address City State Zip Code

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:

TruPro \$ 600.00
Name Amount Name Amount

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

3.1 (a) Travel Payment
N/A Location of Travel N/A Dates (month, day, year)
N/A Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility
\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

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

Comment: Donor made payment direct to vendor on behalf of City.
(Use this space or an attachment for any additional information)

