

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Running Springs Area Golden Oaks (Seniors)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 P.O. Box 1018 Running Springs CA 92388  
 Address City State Zip Code  
 Senior Charity Organization

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:

Running Springs Area Golden Oaks	\$ 2,000.00	_____	\$ _____
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  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ 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 D. Corley Fire Chief 07/12/18  
 Signature Print Name Title (month, day, year)

Comment: Contribution to the Fire Department From the Running Springs Oaks Seniors  
 (Use this space or an attachment for any additional information)

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