

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Madera		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) N/A			
Street Address 205 W. 4th Street			
Area Code/Phone Number (559) 664-5400	Email arodriguez@madera.gov		
Agency Contact (name and title) Arnoldo Rodriguez, City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Taipei Economic and Cultural Office in San Francisco

_____ Last Name First Name _____ Name
 555 Montgomery St., Suite 501 San Francisco CA 94111
 Address City State Zip Code

The Sister Cities program aims to create exchanges that create community impact and kindle lifelong friendships.
 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

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

3.1 (a) Travel Payment N/A

_____ 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: _____ 07/13/2020 \$ 3,210.00
 Dates (month, day, year) Total Expenses

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

City of Madera received a secondary gift donation of 5,350 masks on 07/13/2020 to be used as personal protective equipment against COVID-19. The City of Madera in turn donated the masks to the local Madera Community Hospital.


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

<u>Rodriguez</u>	<u>Arnoldo</u>	<u>City Manager</u>	<u>Administration</u>
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

<u>N/A</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.

 Arnoldo Rodriguez City Manager 07/16/20
 Signature Print Name Title (month, day, year)

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

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2. Donor Name and Address

Individual _____ Other Taipei Economic and Cultural Office in San Francisco

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Address City State Zip Code

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—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ 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 _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____ Name of Lodging Facility _____

Transportation Provider Check Applicable Boxes

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ 06/30/2020 \$ 6,210.00

Dates (month, day, year) Total Expenses

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

City of Madera received a gift donation of 10,000 masks to be used as personal protective equipment against COVID-19. The City of Madera in turn donated masks to the local hospital, businesses and social sector agencies, so as to alleviate community need.

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

Rodriguez	Arnoldo	City Manager	Administration
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
N/A			
_____	_____	_____	_____
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.

Arnoldo Rodriguez Arnoldo Rodriguez City Manager 07/15/20

Signature Print Name Title (month, day, year)

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

