Payment to Agency	Report #	A Public Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O 4
City of Madera		Bate Stamp	Form 801	
Division, Department, or R	egion (if applicable)	0	For Official Use Only	
N/A	A.E.			
Street Address				
205 W. 4th Street				
Area Code/Phone Number	Email			
(559) 664-5400	Britan We (4-75 2 )		Amendment (explain in comment section)	
Agency Contact (name and title)			Date of Original Filing:	
Arnoldo Rodriguez, City Manager				(month, day, year)
2. Donor Name and Add				
2. Donor Name and Add	ress		Tainei Economic and	Cultural Office in San Francisco
☐ Individual Last Name	First Nam	Other	- Taiper Economic and	Name
555 Montgomery St., Suit		San Francisco	CA	94111
Address		City	State	Zip Code
The Sister Cities program	aims to create exchang	ges that create community	impact and kindle	·
If "Other" is marked, describe the ent			impact and kindle	motorig mendaripa,
	- Transmissani-			
	, identify the name of each	n source and the amount(s) r	eceived by the donor	for this payment:
	\$			\$
Name	An	nount	Name	Amount
3. Payment Information	(Complete Sections	3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	N/A			
(,	Loca	tion of Travel		Dates (month, day, year)
		☐ Air ☐ Bus ☐ Aut	o □ Other	
Transportation Provide	-	Check Applicable Boxes	O Cluei -	Name of Lodging Facility
¢.	•			Φ.
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not i	elated to travel:	07/13/202	0 \$ 3,21	10.00
		Dates (month,	day, year)	Total Expenses
3.2. Payment Description	n. Provide a specific	description of the paym	ent and its agency	purpose and use.
		donation of 5,350 ma OVID-19. The City of		
the local Madera Cor		OVID-19. THE City of	wadera in turn c	ionated the masks to
	•			
3.3. Identify the officials	who used the payme	nt in Section 3.1 (See instru	uctions)	
Rodriguez	Arnoldo	City Manag	er	Administration
Last Name	First Name	Pos	ition/Title	Department/Division
N/A				
Last Name	First Name		sition/Title	December 110: 11
Last Hamo	riistivaille	FOS	sition/Title	Department/Division
1. Verification				
I authorized the acceptant	ce of the reported paym	ent(s) as in compliance w	ith FPPC regulation	S.
the della is	Arnoldo Rodrig		Manager	07/16/20
Signature		nt Name	Title	(month, day, year)
	J	2),		
Comment:				
(Use this space or an attachmer	it for any additional informatio	n)		FPPC Form 801 (Jan/

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advice@fppc.ca.gov

Payment to Agency R	eport	A Public Documen	t	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O A
City of Madera		· ·	Form OUI	
Division, Department, or Reg	gion (if applicable)	1	For Official Use Only	
N/A				
Street Address			+	
205 W. 4th Street				
Area Code/Phone Number	[Email			
(559) 664-5400			Amendment (explain in comment section)	
Agency Contact (name and title)			Date of Original Fili	ng:
Arnoldo Rodriguez, City Ma			(month, day, year)	
2. Donor Name and Addre	ess		Taioni Espannis and	Cultural Office in See Eropaises
☐ Individual			r alper Economic and	Cultural Office in San Francisco
Last Name		Name Con Francisco	C A	Name 0.4111
555 Montgomery St., Suite	501	San Francisco	CA State	94111 Zip Code
	aima ta avaata ayab	- ·		·
		nanges that create communit	ty impact and kindle	illelong irlendships.
If "Other" is marked, describe the entity	's <b>business</b> activity (if busin	ness) or its nature and interests.		
	identify the name of	each source and the amount(s)	received by the donor	for this payment:
		• •	•	
Name	\$	Amount	Name	Amount
3. Payment Information (	Complete Section	ne 3 1 (2 or h) 3 2 3 3)		
•	-	115 3.1 (a of b), 3.2, 3.3)		
3.1 (a) Travel Payment	N/A	Location of Travel		Dates (month, day, year)
				Dates (month, day, year)
Transportation Provider		☐ Air ☐ Bus ☐ Au Check Applicable Boxes	ıto ☐ Other	Name of Lodging Facility
\$	Meal Expenses	\$ Transportation Expenses	\$Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	06/30/202	20	10.00
orr (2) raymonico, not re	natou to travoli	Dates (month	n, day, year)	Total Expenses
3.2. Payment Description	n. Provide a speci	ific description of the payn	nent and its agenc	y purpose and use.
	•		_	
		n of 10,000 masks to be ty of Madera in turn don		
		s, so as to alleviate con		ie iocai nospitai,
	· ·	·	-	
3.3. Identify the officials	who used the pay	ment in Section 3.1 (See inst	tructions)	
Rodriguez	Arnoldo	City Mana	ger	Administration
Last Name	First Nar	me Po	osition/Title	Department/Division
N/A				
Last Name	First Na	me P	osition/Title	Department/Division
4. Verification				
Lauthorized the acceptance	e of the reported pa	ayment(s) as in compliance v	with FPPC regulation	ns
A O	•		_	07/15/20
trades tadios	Arnoldo R		/ Manager	
Signature		Print Name	Ilde	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional inform	mation)		EDDO 5

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