

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City of Upland		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Fire Department			
Street Address 475 North Second Avenue, Upland, CA 91785			
Area Code/Phone Number 909-931-4180	E-mail www.ci.upland.ca.us		
Agency Contact (name and title) Rick Mayhew, Fire Chief		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Newman Upland CA
Last Name First Name City State Zip Code

Other _____
Name

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) solicited or received by the donor for this gift:

Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 5/21/2013 \$ 200.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Continuation of payment:
Chris Hayes, Battalion Chief, Fire Dept
Travis Foster, Captain, Fire Dept

Identify the officials for whom the payment was used:

<u>Foster</u> <small>Last Name</small>	<u>Nathan</u> <small>First Name</small>	<u>Fire Engineer</u> <small>Title</small>	<u>Fire Dept</u> <small>Department/Division</small>
<u>McCaulley</u> <small>Last Name</small>	<u>Brad</u> <small>First Name</small>	<u>Firefighter</u> <small>Title</small>	<u>Fire Dept</u> <small>Department/Division</small>

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Rick Mayhew Fire Chief 5/21/2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Street Address
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Agency Contact (name and title)
Rick Mayhew, Fire Chief

Date Stamp

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Amendment (explain in comment section)
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2. Donor Name and Address

Individual or Other REACH - Mediplane

Address City State Zip Code

Serves as the City's air ambulance contractor
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) solicited or received by the donor for this gift:

Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 5/20/2013 \$ 1,425 712.50

Travel Payment Information (Round to whole dollars) Location of Travel

Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Registration at a conference, CFED West Conference, May 20-23, 2013 in Palm Springs, CA -- Total of 4 regs. 2

Identify the officials for whom the payment was used:

Warren Last Name Craig First Name Fire Engineer Title Fire Dept Department/Division
Cervantes Last Name Luis First Name Firefighter/Paramedic Title Fire Dept Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee Rick Mayhew Print Name Fire Chief Title 5/21/2013 (month, day, year)

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