

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp <i>Rec'd 7-30-15 CB</i>	<b>California 801</b> Form For Official Use Only
City of Hollister			
Division, Department, or Region (if applicable) Hollister Airshow			
Street Address 375 Fifth Street			
Area Code/Phone Number 8316364365	Email info@hollisterairshow.com	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Michael Chambless Management Services Director		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other EAA Chapter 1264

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_  
 60 Airport Drive Hollister CA 95023  
 Address City State Zip Code

Aviation Advocacy

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

\_\_\_\_\_ 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:

\_\_\_\_\_ \$ \_\_\_\_\_  
 Dates (month, day, year) Total Expenses

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

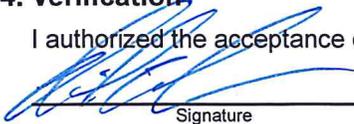
Donation - \$9660 - used for general costs associated with the 2015 Hollister Airshow

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.

 \_\_\_\_\_  
 Signature Print Name Title Date

Michael Chambless Management Services Director 07/30/15  
 (month, day, year)

Comment:

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

6:26 PM  
 07/27/15  
 Accrual Basis

EAA Chapter 1264 Hollister Inc.  
**AIRSHOW 2015**  
 January through December 2015

Type	Date	Num	Name	Memo	Split	Amount
<b>Airshow 2015</b>						
<b>Donation</b>						
Deposit	4/20/2015	Dep	Hollister Airmen	Dep...	SAN BENI...	600.00
Deposit	4/20/2015	DEP	Airpark Associates,LLC	Dep...	SAN BENI...	1,000.00
Deposit	4/20/2015	DEP	San Benitio Foods	Dep...	SAN BENI...	500.00
Deposit	4/28/2015	DEP	Central Coast Agri Bldgs	Dep...	SAN BENI...	800.00
Deposit	4/28/2015	DEP	SanJuanOaks LLC	Dep...	SAN BENI...	200.00
Deposit	5/6/2015	DEP	Hazel Hawkins Hosp.	Dep...	SAN BENI...	200.00
Deposit	5/6/2015	DEP	Ray & Peggy Pierce	Dep...	SAN BENI...	200.00
Deposit	5/27/2015	DEP	Kimley Horn Assoc	Dep...	SAN BENI...	2,500.00
Deposit	5/27/2015	DEP	Pacific Scientific	Dep...	SAN BENI...	1,000.00
Deposit	6/23/2015	DEP	Corbin	Dep...	SAN BENI...	3,000.00
Deposit	6/24/2015	DEP	EAA1264	Dep...	SAN BENI...	560.00
Check	7/27/2015	322	Hollister Vikings		SAN BENI...	-400.00
Check	7/27/2015	323	Troop 400		SAN BENI...	-400.00
Check	7/27/2015	324	Hollister PAL		SAN BENI...	-100.00
Total Donation						9,660.00
Total Airshow 2015						9,660.00
<b>TOTAL</b>						<b>9,660.00</b>