

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp CITY OF MERCED MAR 4 22 AM 10:22	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Recreation and Parks Division			
Street Address 678 W. 18th Street			
Area Code/Phone Number 209-385-6855	Email		
Agency Contact (name and title) Stephanie Dietz, City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other American Legion

Last Name: _____ First Name: _____ Name: _____
 Address: 939 W. Main Street City: Merced State: Ca Zip Code: 95340

Non Profit
 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:
 American Legion (Merced) \$ 300.00

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.
 to be used for youth baseball and softball

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

Jensen	Christopher	Director	Recreation and Parks
_____ 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.

 Stephanie Dietz City Manager 03/04/22
 Signature Print Name Title (month, day, year)

Comment: to be used for youth baseball and softball
 (Use this space or an attachment for any additional information)

