

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
City of Merced			
Division, Department, or Region (if applicable) City Managers Office			
Street Address 678 W. 18th Street, Merced, CA 95340			
Area Code/Phone Number 209-263-6232	Email flachmanj@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jennifer Flachman		Date of Original Filing: <u>11/23/2023</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other ACTION COMP, INC

Last Name	First Name	Name
900 Loughborough Dr., Ste B	Merced	CA 95340
Address	City	State Zip Code
IT Services and Sales		

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	Name	Amount
	\$ 250.00		\$

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) _____

Transportation Provider _____ Rail Air Bus Auto Other _____

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.
Sponsorship of cycling event on March 18, 2023

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.

Francis Quintana Signature FRANCIS QUINTANA Print Name Deputy City Manager Title 11/23/2022 (month, day, year)

Comment:

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

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