

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp	California Form 801 For Official Use Only
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) Date of Original Filing: <u>11/23/2023</u> (month, day, year)	
Agency Contact (name and title) Jennifer Flachman			

2. Donor Name and Address

Individual _____ Other YOSEMITE AVENUE PARTNERS

_____	_____	_____	_____
Last Name	First Name	Name	
<u>140 Heron Way</u>	<u>Merced</u>	<u>CA</u>	<u>95340</u>
Address	City	State	Zip Code
<u>Gas Station/Mini Mart</u>			

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:

_____	\$ <u>500.00</u>	_____	\$ _____
Name	Amount	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.
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.

Frank Quintana FRANK QUINTANA Deputy City Manager 11/23/2023

Signature Print Name Title (month, day, year)

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

Clear Page