

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 Manager's Office			
Street Address 678 W. 18th Street, Merced, CA 95340			
Area Code/Phone Number 209-358-6232	Email flachmanj@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 11/28/22 <small>(month, day, year)</small>	
Agency Contact (name and title) Jennifer Flachman			

2. Donor Name and Address

Individual _____ Other ALIA Corporation

Last Name: _____ First Name: _____ Name: _____
 140 Heron Way Merced CA 95340
 Address City State Zip Code

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:

_____	\$ 2,000.00	_____	\$ _____
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
 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.

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.

Signature: Stephanie Dietz Print Name: Stephanie Dietz Title: City Manager Date: 11/28/22
(month, day, year)

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

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