

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 209-38506232	Email flachmanj@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 11/28/22 (month, day, year)	
Agency Contact (name and title) Jennifer Flachman			

2. Donor Name and Address

Individual _____ Other McAuley Motors

Last Name: _____ First Name: _____ Name: _____
 744 W. Main Street Merced CA 95340
 Address City State Zip Code
 Automotive sales and service
 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:

_____	\$ 1,000.00	_____	\$ _____
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.

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.

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

Comment:

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

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