

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 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) | |
| Agency Contact (name and title) Jennifer Flachman | | Date of Original Filing: 11/28/22 (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Merco _____

Last Name: _____ First Name: _____ Name: _____
 1911 M Street 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:

| | | | |
|-------|-------------|-------|----------|
| _____ | \$ 2,500.00 | _____ | \$ _____ |
| 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
 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.

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

Comment:

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