

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Merced		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) City Manager			
Street Address 678 W. 18th Street, Merced, CA 95340		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>12/09/22</u> (month, day, year)	
Area Code/Phone Number (209) 385-6232	Email flachmanj@cityofmerced.org		
Agency Contact (name and title) Jennifer Flachman			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Fluetsch & Busby

Last Name	First Name	Name
725 W. 18th Street	Merced	CA 95340
Address	City	State Zip Code

Insurance services \_\_\_\_\_

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.

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 Ditz Stephanie Ditz City Manager 12/12/22

Signature Print Name Title (month, day, year)

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