

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only 12/13/22 CITY OF MERCED
City of Merced			
Division, Department, or Region (if applicable)			
City Managers Office			
Street Address			
678 W. 18th Street, Merced, CA 95340			
Area Code/Phone Number	Email		
209-385-6232	flachmanj@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: 12/13/22	
Jennifer Flachman		(month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other \_\_\_\_\_ Dr. Lee & Associates  
Last Name First Name Name

708 W. 20th Street Merced CA 95340  
Address City State Zip Code

Eye Care

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	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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) \_\_\_\_\_  
Transportation Provider

Rail  Air  Bus  Auto  Other  
Check Applicable Boxes

\_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
Transportation Provider

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
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)

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ 12/14/22  
(month, day, year)

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

