

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 DEC 07 2022 09:21:57 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 209-385-6232	Email flachmanj@cityofmerced.org	
Agency Contact (name and title) Jennifer Flachman, Senior Management Analyst		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 12/05/22 (month, day, year)

2. Donor Name and Address

Individual \_\_\_\_\_  Other Caton Properties

Last Name	First Name	Name
2812 North G Street, Ste 10	Merced	CA 95340
Address	City	State Zip Code

Real Estate Management

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:

Name	\$ 100.00	Name	\$	Amount
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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 \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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 Stephanie Dietz City Manager 12/5/22

Signature Print Name Title (month, day, year)

Comment:

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

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