

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 12/05/22 CITY OF MERCED
Division, Department, or Region (if applicable) City Managers Office			
Street Address 678 W. 18th Street, Merced, CA 95340		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 12/05/22 (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 ALIA Corporation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 140 Heron Way Merced CA 95340  
 Address City State Zip Code  
 McDonald's Restaurant

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:

_____	\$ 2,000.00	_____	\$ _____
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): \_\_\_\_\_

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.

Signature: Stephanie Ditz    Print Name: Stephanie Ditz    Title: City Manager    Date: 12/6/22  
 (month, day, year)

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

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