

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		RECEIVED DEC 19 2022 City of Merced City Clerk's Office <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>12/19/22</u> <small>(month, day, year)</small>	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Managers 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			

2. Donor Name and Address

Individual _____ Other Rowan Dental Partnership

Last Name: _____ First Name: _____ Name: _____
 Address: 631 W. 25th Street City: Merced State: CA Zip Code: 95340
 Dentist: _____

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): _____

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 12/19/22
 Signature Print Name Title (month, day, year)

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