

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Merced
Division, Department, or Region (if applicable)
Public Works Department
Street Address
1776 Grogan Avenue, Merced CA 95341
Area Code/Phone Number
209-385-6800
Email
publicwks@cityofmerced.org
Agency Contact (name and title)
Juan Olmos
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other City of Modesto (Public Works)
Last Name First Name Name
1010 10th Street Modesto CA 95353
Address City State Zip Code
Government Agency

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:

City of Modesto \$ 1.00
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 Name of Lodging Facility
Check Applicable Boxes

\$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses

3.1 (b) Payment(s) not related to travel: 4/3/2023 \$ 1.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Donation of used traffic signal controllers to be used for spare parts.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

N/A
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 R. Dietz Stephanie R. Dietz City Manager 04/12/23
Signature Print Name Title (month, day, year)

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

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