

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced Parks & Recreation		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) 632 W 18th Street			
Street Address Merced CA			
Area Code/Phone Number 209-385-6855	Email jensenc@cityofmerced.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Christopher Jensen			

2. Donor Name and Address

Individual Woyski Ronald Other Merced Pickleball Group

Last Name First Name Name

Address _____ City _____ State _____ Zip Code _____

NA

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:

NA \$ _____ NA \$ _____

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment NA NA

Location of Travel Dates (month, day, year)

NA Rail Air Bus Auto Other NA

Transportation Provider 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.
 Merced Pickleball Group would like to donate paint and labor to stripe pickleball court lines on the Applegate Park Teal Top to assist with community play of the sport. Time and materials are being donated by the group in the estimated value of \$1,500 to complete the project.

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 May 9, 2023

Signature Print Name Title (month, day, year)

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