

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Form 801

For Official Use Only

AUG 21 '23 PM 12:02

CITY OF MERCED

City of Merced

Division, Department, or Region (if applicable)

Parks & Community Services Department

Street Address

632 18th Street, Merced CA 95340

Area Code/Phone Number

209 385-6855

Email

jensenc@cityofmerced.org

Agency Contact (name and title)

Christopher Jensen, Director- Parks & Community Services

Date Stamp

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Merced City Police Officers Association

Name

PO Box 229

Merced

CA

95341

Address

City

State

Zip Code

Provide support for City of Merced Police including their interest and activities

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:

Rosa Alcaraz

\$ 1,435.59

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.

Payment is to go towards the renovation of a pond area of the Zoo to showcase local wetlands

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

Reid

Michelle

Supervisor

Parks & Community Service

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

Print Name

Title

(month, day, year)

Comment:

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