

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Date Stamp

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)

Department of Parks and Community Services

Street Address

678 W 18th Street, Merced CA 95340

Area Code/Phone Number

(209) 385-6978

Email

JensenC@cityofmerced.org

Amendment (explain in comment section)

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

Agency Contact (name and title)

Christopher Jensen, Director of Parks and Community Services

2. Donor Name and Address

Individual Inguanzo Rosa Other Name

Address City State Zip Code

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:

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

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 Dietz Print Name City Manager Title 08/18/23 (month, day, year)

Comment:

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