Payment to Agency R	eport A Public	c Document		PAYMENT TO AGENCY REPOR
I. Agency Name			Date Stamp	California 201
City of Merced Division, Department, or Region (if applicable) Recreation and Parks Division				Form OU
				For Official Use Only
Street Address			[12,222] (12,222] [12,222] (12,222] [12,222] (12,222]	
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678 W. 18th Street	1=		inness eliteres inness differen	
Area Code/Phone Number	Email		Amendment (expla	ain in comment section)
209-385-6855				
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Stephanie Dietz, City Mana	ger			(
. Donor Name and Addre	e e			
. Donor Name and Addre	33		Girl Scouts of Ame	rica (Merced)
☐ Individual	First Name	Ø Other		Name
Last Name	Merced		Ca	95348
Address	City		State	Zip Code
	2,			
Youth organization	hadia di Affina da Africa	and interests		
If "Other" is marked, describe the entity	s business activity (if business) or its nature a	and interests.		
If applicable, id	dentify the name of each source an	nd the amount(s) re	eceived by the donor for	or this payment:
Girl Scouts of America (Mer	•	(,,	,	
Name	\$Amount		Name	\$Amount
	omplete Sections 3.1 (a or			,
Transportation Provider		□ Bus □ Auto	Other	Name of Lodging Facility
	•	•		¢
Lodging Expenses	Meal Expenses Transportati	ion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel			\$	
		Dates (month, d		Total Expenses
3.2 Payment Description	Provide a specific description	on of the payme	ent and its agency	nurnose and use
to purchase trees for C	ity Arbor Day event			
3.3. Identify the officials v	ho used the payment in Sect	tion 3.1 (See instruc	ctions)	
Jensen	Christopher	Director	R	ecreation and Parks
Last Name	First Name	Posit	tion/Title	Department/Division
		-		
Last Name	First Name	Posi	tion/Title	Department/Division
Verification				
	of the reported navment(s) as :	n compliance wit	h EDDC regulations	
authorized the acceptance	of the reported payment(s) as i	-	_	
STOPPANU NU	Stephanie Dietz	City N	/lanager	03/04/22
Signature	Print Name		Title	(month, day, year)
Comment: to be used for tre	es for Arbor Dav event			
(Use this space or an attachment for				Microsoft inventorior forms on Medicine Standard Property of the newspectual Standard Standard Standard
(Use this space of all attachment to	n any additional information)			EDDC Form 901 / la