

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) City Manager's Officer			
Street Address 678 W. 18th Street, Merced, CA 95340			
Area Code/Phone Number 209-385-6232	Email flachmanj@cityofmerced.org	<input checked="" type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>12/07/22</u> (month, day, year)	
Agency Contact (name and title) Jennifer Flachman			

2. Donor Name and Address

Individual _____ Other Bistro Bar

Last Name: _____ First Name: _____ Name: _____
 510 W. Main Street Merced CA 95340
 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:

_____ \$ 500.00 _____
 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
 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.

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 Signature Stephanie Dietz Print Name City Manager Title 12/8/22 (month, day, year)

Comment:

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