

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Managers Office			
Street Address 678 W. 18th Street, Merced, CA 95340			
Area Code/Phone Number 209-263-6232	Email flachmanj@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>11/23/2023</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Jennifer Flachman			

2. Donor Name and Address

Individual MCAULEY BARRY Other _____
Last Name First Name 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:

<u>Barry & Jeanne Mcauley</u>	\$ <u>1,000.00</u>	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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) _____

_____ Rail Air Bus Auto Other _____
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.
 Sponsorship of cycling event on March 18, 2023

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

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Frank Quintero FRANK Quintero Deputy City Manager 11/23/2022
Signature Print Name Title (month, day, year)

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

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