Payment to Agency Re	port .	A Public Docume	ent	PAYMENT TO AGENCY REPOR	
1. Agency Name			Date Stamp	California 201	
City of Merced				Form OU	
Division, Department, or Region	on (if applicable)			For Official Use Only	
City Manager			·	0E036722=44139	
Street Address				COVERNING	
678 W. 18th Street, Merced,	CA 95340				
	Email		- Amandmant (aux		
(209) 385-6232	flachmanj@cityofmerced.org		Amenament (exp	Amendment (explain in comment section)	
Agency Contact (name and title)			Date of Original Filir	Date of Original Filing: 12/09/22	
Jennifer Flachman				(month, day, year)	
2. Donor Name and Addres	S			<u></u>	
			, Fluetsch & Busby		
☐ Individual	First Na	me Ot	her	Name	
725 W. 18th Street		Merced	CA	95340	
Address		City	State	Zip Code	
Insurance services					
If "Other" is marked, describe the entity's	business activity (if busines	s) or its nature and interests.	· <u>*</u>		
> If applicable ide	antify the same of oor	sh course and the amount	(s) received by the donor	for this novement:	
ii applicable, lui	-		(s) received by the dollor	ioi uns payment.	
Name	\$ 7,500 .	Amount	Name	\$	
. Payment Information (Co				Amount	
3.1 (a) Travel Payment	Loc	cation of Travel		Dates (month, day, year)	
		☐ Air ☐ Bus ☐	Auto ☐ Other		
Transportation Provider		Check Applicable Boxes	Auto Other	Name of Lodging Facility	
		•	•	•	
S \$ Lodging Expenses	Meal Expenses	Transportation Expenses	SOther Expenses	Total Expenses	
3.1 (b) Payment(s) not rela	ted to travel:		\$		
		onth, day, year)	Total Expenses		
3.2. Payment Description.	Provide a specific	docorintian of the no	wment and its agency	nurnana and usa	
3.3. Identify the officials w	ho used the payme	ent in Section 3.1 (See	instructions)		
Last Name	First Name		Position/Title	Department/Division	
			5 111 5 111		
Last Name	First Name		Position/Title	Department/Division	

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