

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) Public Works Department			
Street Address 1776 Grogan Avenue, Merced CA 95341			
Area Code/Phone Number 209-385-6800	Email publicwks@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Juan Olmos			

2. Donor Name and Address

Individual _____ Other City of Roseville (Public Works)

Last Name: _____ First Name: _____ Name: _____
 311 Vernon Street Roseville CA 95678
 Address City State Zip Code

Government Agency
 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:

City of Roseville \$ 1.00 _____ \$ _____
 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: _____ 4/3/2023 \$ 1.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Donation of used traffic signal controllers to be used for spare parts.

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

N/A

_____	_____	_____	_____
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 R. Dietz Stephanie R. Dietz City Manager 04/12/23
 Signature Print Name Title (month, day, year)

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

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