| Payment to Agency R | eport | A Public Docu | ıment | | PAYMENT TO AGENCY REPORT |
|---|---------------------------|----------------------------------|-------------------------|---|--|
| 1. Agency Name | | | Date S | tamp | California 201 |
| City of Merced | | | | | Form OU |
| Division, Department, or Region (if applicable) | | | | | For Official Use Only |
| Parks & Community Services Department | | | | | AUG21'23PM12:02 |
| Street Address | | | | | UDOST SOLWTS:05 |
| 632 18th Street, Merced CA 95340 | | | | | CITY OF MERCED |
| Area Code/Phone Number | Email | | | | in comment coetion) |
| 209 385-6855 | jensenc@cityofme | erced.org | Amendi | ient (explain | in comment section) |
| Agency Contact (name and title) | | | Date of Origi | nal Filing: | (month, day, year) |
| Christopher Jensen, Directo | or- Parks & Commu | nity Services | | | (month, day, year) |
| 2. Donor Name and Addre | | | | | |
| 2. Donor Name and Addre | :55 | | Communitie | es for a ne | w California |
| ☐ Individual ———————————————————————————————————— | First N | Name | Other | | Name |
| 928 W 18th Street | 1 1101 1 | Merced | | CA | 95340 |
| Address | | City | | State | Zip Code |
| Help to beautify public space | ces | | | | |
| If "Other" is marked, describe the entity | | ess) or its nature and interests | i. | | |
| | | | | | 204 - 277 (as 1911 1927 |
| If applicable, i | dentify the name of ea | ach source and the am | ount(s) received by the | donor for t | this payment: |
| | \$ | | | | \$ |
| Name | | Amount | Name | | Amount |
| 3. Payment Information (C | Complete Section | s 3.1 (a or b), 3.2, | 3.3) | | |
| 3.1 (a) Travel Payment | | | | | |
| | L | ocation of Travel | | | Dates (month, day, year) |
| | Rail | ☐ Air ☐ Bus | ☐ Auto ☐ Other | | |
| Transportation Provider | | Check Applicable Boxes | | N | ame of Lodging Facility |
| e e | | ¢ | \$ | | \$ |
| Lodging Expenses | Meal Expenses | Transportation Expense | other Expense | es | Total Expenses |
| 3.1 (b) Payment(s) not re | lated to travel: | | | \$ | |
| | | Date | s (month, day, year) | | Total Expenses |
| 3.2. Payment Description | . Provide a specifi | ic description of the | payment and its a | gency pu | rpose and use. |
| No payment was recei | ved Organizatio | n is donating sev | en 15 gallon tree | s to be r | lanted at Gilbert |
| Macias Park in Merced | | in is donating sev | on to gallon hoo | 0 10 00 0 | namou at Olibort |
| Wadas Falk III Words | •• | | | | |
| 2.2 Identify the officials | uha wasal tha maya | ant in Costion 2.1 | (0 - 1 - 1 - 1 - 1 | | |
| 3.3. Identify the officials v | | | | | |
| Nunez | Angel | | ervisor | Pub | lic Works-Trees |
| Last Name | First Name | | Position/Title | | Department/Division |
| | | | | | |
| Last Name | First Name | 9 | Position/Title | | Department/Division |
| | | | | | |
| | | | | | |
| 4. Verification | | | | | |
| I authorized the acceptance | of the reported pay | ment(s) as in compli | ance with FPPC reg | ulations. | |
| Stophanic NU | UZ Stopha | nie Dietz | City Man | agel | 08-18-2023 |
| Signature | 7) | Print Name | Title | 8 | (month, day, year) |
| 0 | \cup | | | | |
| Comment: | for any additional info | tion) | | *************************************** | |
| (Use this space or an attachment f | or any additional informa | iuon) | | | FPPC Form 801 (Jan/18 advice@fppc.ca.gov |

Clear Page