| Payment to Agency                      | Report A Pub  | ic Document                          | PAYMENT TO AGENCY REPOR                     |  |
|--|---|--------------------------------------|---|--|
| 1. Agency Name                         |   | Date                                 | Stamp California 201                        |  |
| City of Merced                         |   |                                      | Form OU I                                   |  |
| Division, Department, or R             | egion (if applicable)                               |                                      | For Official Use Only                       |  |
| Parks & Community Serv                 | ices  |                                      |   |  |
| Street Address                         |   |                                      |   |  |
| 678 W 18th Street, Merce               | ed CA   |                                      |   |  |
| Area Code/Phone Number                 | Email   | □ Amone                              | Amendment (explain in comment section)      |  |
| 209-385-6855                           | JensenC@cityofmerced.org                            |                                      |   |  |
| Agency Contact (name and title)        |   | Date of Ori                          | Date of Original Filing: (month, day, year) |  |
| Christopher Jensen, Dire               | ctor  |                                      | (month, day, your)                          |  |
| 2. Donor Name and Add                  | ress  |                                      |   |  |
| Individual Anonymous                   |   | Other                                |   |  |
| Last Name                              | First Name  |                                      | Name  |  |
| Address                                | City  |                                      | State Zip Code                              |  |
|  |   |                                      |   |  |
| If "Other" is marked, describe the en  | tity's business activity (if business) or its natur | e and interests.                     |   |  |
| No. of the state of                    | idealife. He was a final basiness                   | and the americation access and by th | and department this payment.                |  |
|  | e, identify the name of each source                 | and the amount(s) received by the    | le donor for this payment.                  |  |
| Name                                   | \$  | Name                                 | \$  |  |
|  | (Complete Sections 3.1 (a d                         |                                      |   |  |
| Transportation Provide                 | Rail Air  | ☐ Bus ☐ Auto ☐ Othe                  | Name of Lodging Facility                    |  |
| \$                                     | \$ \$ Transport                                     | ation Expenses Other Expen           | STotal Expenses                             |  |
| 3.1 (b) Payment(s) not i               | •   | 2/25/25                              | \$ 1,000.00                                 |  |
|  |   | Dates (month, day, year)             | Total Expenses                              |  |
| 3.2. Payment Description               | on. Provide a specific descrip                      | tion of the payment and its          | agency purpose and use.                     |  |
|  |   |                                      |   |  |
|  |   |                                      |   |  |
| 3.3 Identify the officials             | who used the payment in Se                          | ction 3.1 (See instructions)         |   |  |
|  |   | Director                             | Parks & Community Service                   |  |
| Jensen  Last Name                      | Christopher  First Name                             | Position/Title                       | Department/Division                         |  |
| Last Name                              | First Name  | POSITION THE                         | Department/Division                         |  |
| Reid                                   | Michelle  | Supervisor                           | Parks & Community Service                   |  |
| Last Name                              | First Name  | Position/Title                       | Department/Division                         |  |
| . Verification                         |   |                                      |   |  |
| I authorized the acceptant             | ce of the reported payment(s) as                    | s in compliance with FPPC re         | gulations.                                  |  |
| Christopher Jensen Date: 2025.03.03 13 | Christopher Jensen                                  | Director                             | 03/03/25                                    |  |
| Date: 2025.03.03 13                    | Print Name  | Titl                                 |   |  |
|  |   |                                      |   |  |
| Comment:                               | A for any addition of the form (1)                  |                                      |   |  |
| USE THIS SPACE OF AN ATTACHMEN         | ir ior any agnitional information)                  |                                      |   |  |

