

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

City of Merced

Division, Department, or Region (if applicable)

Parks & Community Services

Street Address

678 W 18th Street, Merced CA

Area Code/Phone Number

209-381-6855

Email

jensenC@Cityofmerced.org

Agency Contact (name and title)

Christopher Jensen

Date Stamp

California  
Form 801  
For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Donor Name and Address

☒ Individual

Anonymous

☐ 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:

_____	\$ _____	_____	\$ _____
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:

2/25/25

Dates (month, day, year)

\$ 500.00

Total Expenses

### 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Funding should be used towards the manufacturing and installation of the entry sign at Merced Applegate Zoo.

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

Jensen

Last Name

Christopher

First Name

Director

Position/Title

Parks & Community Service

Department/Division

Reid

Last Name

Michelle

First Name

Supervisor

Position/Title

Parks & Community Service

Department/Division

## 4. Verification

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

Christopher Jensen

Digitally signed by Christopher Jensen  
Date: 2025.03.03 13:52:51 -08'00'

Signature

Christopher Jensen

Print Name

Director

Title

03/03/25

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov

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