Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

■ Individual Anonymous (Last Name / First Name) ☐ Other _____ (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)

Last Name	First Name	Position/Title	Department/Division
Jensen	Christopher	Director	Parks & Community Service
Reid	Michelle	Supervisor	Parks & Community Service

4. Verification

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

Signature	Print Name	Title	(month, day, year)
Christopher Jensen Digitally signed by Christopher Jensen Date: 2025.03.03 13:52:51 -08'00'	Christopher Jensen	Director	03/03/25

Comment:

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

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