

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

209-385-6855

Email

JensenC@cityofmerced.org

Agency Contact (name and title)

Christopher Jensen, Director

Date Stamp

California 801
Form

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)

\$ 1,000.00

Total Expenses

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

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 13:57:51 -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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