

# Payment to Agency Report

A Public Document

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PAYMENT TO AGENCY REPORT

## 1. Agency Name

City of Merced

Division, Department, or Region (if applicable)

Street Address

678 W.18th Street, Merced, CA 95340

Area Code/Phone Number

209-385-6834

Email

mcbrides@cityofmerced.org

Agency Contact (name and title)

Scott McBride, City Manager

Date Stamp

APR 21 2025

City of Merced  
City Clerk's Office

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

Last Name

First Name

☒ Other

Central Valley Community Foundation

1260 Fulton Street, #200

Fresno

CA

93721

Address

City

State

Zip Code

Community Foundation

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	\$5,000.00	Name	\$	Amount
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## 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:

Dates (month, day, year)

\$

Total Expenses

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

Merced Hincapie Gravel Gran Fondo, March 15, 2025 Donation

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

Fiachman	Jennifer	Sr Mat Analyst	City Manager
Last Name	First Name	Position/Title	Department/Division

Last Name

First Name

Position/Title

Department/Division

## 4. Verification

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

Signature

Print Name

Title

4/21/25  
(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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