ayment to Agency R	report	A Public Docu	ıment	RECEIVED	PAYMENT TO AGENCY RE
Agency Name				Date Stamp	California O O
City of Merced				APK 2 1 2025	Form 80
Division, Department, or Re	gion (if applicable)			- 1 2023	For Official Use Only
				City of Merced	
Street Address				City Clocks Office	
678 W.18th Street, Merced	. CA 95340		1	City Clerk's Office	
Area Code/Phone Number	Email				
209-385-6834	mcbrides@cityofn	nerced ora		Amendment (explain	in comment section)
Agency Contact (name and title)				Date of Original Filing:	
Scott McBride, City Manage					(month, day, year)
Donor Name and Addre	ess			0 1 11/ 11 0	
Individual	5:		Other .	Central Valley Comm	
1260 Fulton Street, #200	First I	Fresno			Name 02704
Address		City		CA State	93721 Zip Code
Community Foundation				Glate	Zip Code
"Other" is marked, describe the entity	's business activity (if busine	ess) or its nature and interests			
and the chity		or no nature and interests.	•		
If applicable, i	dentify the name of ea	ach source and the amo	ount(s) red	ceived by the donor for	this payment:
	\$ ^{5,000}				•
Name	Φ	Amount	age and a second	Name	\$Amount
Payment Information (C	Complete Section	s 3.1 (a or b), 3.2,	3.3)		
3.1 (a) Travel Payment					
	Lo	ocation of Travel		-	Dates (month, day, year)
	□ Poil	□ Air □ Due	□ Ata	C 04h	
		☐ Air ☐ Bus	☐ Auto	Other	
Transportation Provider		Check Applicable Boxes		N	lame of Lodging Facility
Transportation Provider		Check Applicable Boxes		N	Name of Lodging Facility
Transportation Provider Lodging Expenses	Meal Expenses	\$	\$		\$
Lodging Expenses \$		Check Applicable Boxes \$	\$	Other Expenses	\$Total Expenses
Lodging Expenses \$		\$Transportation Expenses		Other Expenses	\$Total Expenses
Lodging Expenses \$	ated to travel:	\$Transportation Expenses	s (month, day	Other Expenses \$	\$Total Expenses
S\$ Lodging Expenses \$ 3.1 (b) Payment(s) not rel 3.2. Payment Description.	ated to travel:	\$	(month, day	Other Expenses \$ y, year) nt and its agency pu	\$Total Expenses
S\$ Lodging Expenses \$ 3.1 (b) Payment(s) not rel 3.2. Payment Description.	ated to travel:	\$	(month, day	Other Expenses \$ y, year) nt and its agency pu	\$Total Expenses
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Lodging Expenses \$ 3.1 (b) Payment(s) not rel 3.2. Payment Description.	ated to travel:	\$	(month, day	Other Expenses \$ y, year) nt and its agency pu	\$Total Expenses
\$ Lodging Expenses \$ 3.1 (b) Payment(s) not rel 3.2. Payment Description. Merced Hincapie Grave	ated to travel: Provide a specifiel Gran Fondo, N	\$	paymer pation	Other Expenses \$ y, year) nt and its agency pu	\$Total Expenses
\$\$	ated to travel: Provide a specifiel Gran Fondo, N	\$	paymer pation	Other Expenses \$ y, year) nt and its agency pu	\$Total Expenses
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\$ Lodging Expenses \$ B.1 (b) Payment(s) not relected. S.2. Payment Description. Merced Hincapie Grave	ated to travel: Provide a specifiel Gran Fondo, N	\$	paymer pation	Other Expenses \$ y, year) nt and its agency pu	\$Total Expenses
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Last Name Lodging Expenses S.1 (b) Payment(s) not rel S.2. Payment Description. Merced Hincapie Grave Last Name Last Name	who used the paymer First Name of the reported payr	Transportation Expenses Dates c description of the March 15, 2025 Do	paymer onation See instruction Position	on/Title \$ Other Expenses \$ y, year) and its agency put Canonic to the control of the cont	Total Expenses Total Expenses Irpose and use.
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