

# Payment to Agency Report

## A Public Document

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APR 21 2025

City of Merced  
City Clerk's Office

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

### 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

☐ Amendment (explain in comment section)

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

### 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Citizens for the Betterment of Merced County

725 W. 18th Street

Merced

CA

95340

Address

City

State

Zip Code

Community Organization

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	\$ 3,000.00	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)

Freeman	Jennifer	SR. Mkt 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	Date
[Signature]	Scott McBride	City Manager	4/21/25

Comment:

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

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