

Payment to Agency Report

A Public Document

RECEIVED 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 Rowan Matthew ☐ Other _____
Last Name First Name Name
3351 M Street #210 Merced CA 95340
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:

_____ \$ 500.00 _____
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:

_____ \$ _____
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)

Flachman Jennifer SE Management Analyst City mgr office
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.

Scott McBride Scott McBride City Manager 4/21/25
Signature Print Name Title (month, day, year)

Comment:

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

Clear Page