Payment to Agency	Report A Public	<b>Document</b>		PAYMENT TO AGENCY REPOR
. Agency Name			Rete Stame	California 201
City of Merced			INCOEIVED	Form OU
Division, Department, or R	egion (if applicable)		81111	For Official Use Only
Fire Department			APR 24 2025	
Street Address				
99 E. 16th St			City of Merced	
Area Code/Phone Number	Email		City Clerk's Office	
209-385-6891	englandt@cityofmerced.org		Amendment (explain	in comment section)
Agency Contact (name and titl	The field little and the field and the field at		Date of Original Filing:	
Thomas England				(month, day, year)
. Donor Name and Add	roce			
. Donor Name and Add	ress		Merced City School	District
☐ Individual	First Name	Other	- Tricioca Oily Correct	Name
444 W. 23rd St	Merced		CA	95340
Address	City		State	Zip Code
School District				
	tity's business activity (if business) or its nature ar	nd interests.		
If applicable	e, identify the name of each source and	the amount(s) re	eceived by the donor for	this payment:
Merced City School Distr	rict \$70,000.00			•
Name	Amount		Name	Amount
Down and Information	(Complete Sections 3.1 (a or	b) 2 2 2 2)		
. Payment information	(Complete Sections 3.1 (a or	0), 3.2, 3.3)		
3.1 (a) Travel Payment			<u> </u>	
	Location of Travel			Dates (month, day, year)
		]Bus □Aut	o ☐ Other	
Transportation Provide				Name of Lodging Facility
				•
\$ Lodging Expenses	Meal Expenses Transportatio	n Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not	related to travel:		\$	
o.r (b) r dyment(s) not	clated to travel.	Dates (month,	day, year)	Total Expenses
O.O. Daymant Danamintis	Duranida a amazifia daganintia	n of the never	ant and its agansy n	urnoss and use
3.2. Payment Description	on. Provide a specific descriptio	n of the paym	ent and its agency p	urpose and use.
0.0 Identify the efficient	b d th a maxima ant in Casti	an 2.4 .a		
3.3. Identity the officials	s who used the payment in Secti	On 3.1 (See instru	ctions)	
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
			" EDDC	
I authorized the acceptan	ce of the reported payment(s) as ir	compliance w	tn FPPC regulations.	
Tun le le tr	AM FRANK QUINTERO	) Act	ing City Manca	ed 4/24/25
Signature	Print Name	Da	ing City Manage	(month, day, year
		Del	VOTY CIOT Manage	
Comment:				
(Use this space or an attachmen	nt for any additional information)			EDDC Form 904 / Ion

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