

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Merced

Division, Department, or Region (if applicable)

Department of Parks and Community Services

Street Address

632 W 18th Street, Merced CA 95340

Area Code/Phone Number

209-385-6255

Email

jensenc@cityofmerced.org

Agency Contact (name and title)

Christopher Jensen

Date Stamp

JUN 25 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

Albion SC Merced

Name

632 W 18th Street

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:

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:

3/23/23

Dates (month, day, year)

\$ 550.00

Total Expenses

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

Albion SC Merced is donating labor and materials towards the repair of turf at McNamara Park in Merced. Turf will be manged by P&CS after installation.

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

McBride

Scott

Merced City Manager

Administration, Merced City

Last Name

First Name

Position/Title

Department/Division

Jensen

Christopher

Director

P&CS, Merced City

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

Signature

Scott McBride

Print Name

City Manager

Title

6/25/25

(month, day, year)

Comment:

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

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

Clear Page