

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		<div style="border: 1px solid black; padding: 5px;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">JUN 10 2025</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">City of Merced City Clerk's Office</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-weight: bold; font-size: 1.5em;">California Form 801</p> <p style="font-size: 0.8em;">For Official Use Only</p> </div>
Division, Department, or Region (if applicable) Department of Parks & Recreation			
Street Address 632 W 18th Street, Merced CA 95348			
Area Code/Phone Number 2093856855	Email parks&communityservices@cityofmerced.org		
Agency Contact (name and title) Christopher Jensen, Director		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other		Merced Lao Family	
_____	_____	_____	_____	_____	_____
Last Name	First Name	City	State	Zip Code	Name
1748 Miles Court	Merced	CA	95348		
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:

_____	\$ 3100.00	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____	_____	_____
Transportation Provider	Location of Travel	Dates (month, day, year)
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Check Applicable Boxes	_____
		Name of Lodging Facility
\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal 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.

Donation to be used towards the development of the General Vang Pao Monument at General Vang Pao Park.

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

_____	_____	_____	_____
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	(month, day, year)
_____	Scott McBride	City Manager, City of Merced	6.6.25

Comment:

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