

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		<div>RECEIVED Date Stamp</div> <div>JUL 22 2025</div> <div>City of Merced City Clerk's Office</div>	<div>California Form 801</div> <div>For Official Use Only</div>
Division, Department, or Region (if applicable) Parks & Community Services			
Street Address 678 W 18th Street, Merced CA 95340			
Area Code/Phone Number 209-385-6855	Email McBrideS@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section)	Date of Original Filing: _____ (month, day, year)
Agency Contact (name and title) Scott D. McBride			

2. Donor Name and Address

☒ Individual [REDACTED] ☐ Other [REDACTED]
Last Name First Name Name
Address [REDACTED] 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
[REDACTED]	\$200,000		

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

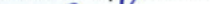
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

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

Jensen	Christopher	Director	Parks & Community Service
_____	_____	_____	_____
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 D. McBride	City Manager	6.18.25
Signature	Print Name	Title	(month, day, year)

Comment: Funds to be used to cover cost of 3rd Zookeeper at Merced Applegate Zoo for next 3 years (25/26-27/28 FY)

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

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

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