

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name CITY OF MERCED Division, Department, or Region (if applicable) PUBLIC WORKS Street Address 678 W 18TH STREET Area Code/Phone Number Email PWADMIN@CITYOFMERCED.GOV Agency Contact (name and title) KEN ELWIN, DIRECTOR OF PARKS		Date Stamp JUL 03 2025 City of Merced City Clerk's Office	California Form 801 For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual _____ Last Name First Name		<input checked="" type="checkbox"/> Other R-Safe Specialty _____ Name	
934 Fresno Street Address		Newman CA 95360 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:

_____	\$1,500	_____	\$
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)	
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	_____	
Transportation Provider	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.

PIP 713SUCG Posi Grip Seamless Knit Nylon Gloves

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

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
Elwin	Ken	Director	Public Works
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	City Manager	7/3/25
Signature	Print Name	Title	(month, day, year)

Comment:

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