

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp CITY OF MERCED DEC 18 19 PM 4:49	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Recreation and Parks Department			
Street Address 678 W. 18th Street			
Area Code/Phone Number 209-388-8668	Email citymanager@cityofmerced.org		
Agency Contact (name and title) Steve Carrigan, City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Modest Michael Other Monika

Last Name First Name Name

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
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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) _____

_____ Rail Air Bus Auto 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:

12/16/2019 \$ 25,000.00

Dates (month, day, year) Total Expenses

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

\$25,000 cash payment to repair and refurbish Merced Open Air Theatre at Applegate Park

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

Chavez	Joseph	Director	Recreation and Parks Dept.
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.

	Steve Carrigan	City Manager	12/19/19
Signature	Print Name	Title	(month, day, year)

Comment: Accepted by City Council on 12/16/2019
(Use this space or an attachment for any additional information)

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