

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamped CITY OF MERCED JAN 10 20 10:41:28	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Public Works Division			
Street Address 678 W. 18th Street			
Area Code/Phone Number 209-385-8668	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 _____ Other Durbin Bookkeeping, Parker Family Chiroprac

Last Name First Name Name

Address _____ City _____ State _____ Zip Code _____

various bookkeeping and chiropractic businesses

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: 01/07/2020 \$ 660.00

_____ Dates (month, day, year) Total Expenses

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

12 Sunset Maple Trees to be planted at McNamara Park

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

Elwin	Ken	Director of Public Works	Public Works
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]	Steve Carrigan	City Manager	01/10/20
Signature	Print Name	Title	(month, day, year)

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

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