

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp CITY OF MERCED JUN 12 09PM 1:42	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
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

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:

5/15/2020 \$ 1,550.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Donation of N95 masks and surgical masks for City staff.

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

<u>Carrigan</u> <small>Last Name</small>	<u>Steve</u> <small>First Name</small>	<u>City Manager</u> <small>Position/Title</small>	<u>City Manager's Office</u> <small>Department/Division</small>
_____ <small>Last Name</small>	_____ <small>First Name</small>	_____ <small>Position/Title</small>	_____ <small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature STEVE CARRIGAN City Manager 5/29/20
Print Name Title (month, day, year)

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