

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Merced

Division, Department, or Region (if applicable)

Recreation and Parks Department

Street Address

678 W. 18th Street

Area Code/Phone Number

209-385-6978

Email

chavezj@cityofmerced.org

Agency Contact (name and title)

Joey Chavez

Date Stamp

CITY OF MERCED SEP 02 2020 10:33

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 09/02/20

(month, day, year)

2. Donor Name and Address

Individual Modest Last Name First Name Other 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:

Monika Modest \$ 4,637.90 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 Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 9/02/2020 \$ 4,637.90 Dates (month, day, year) Total Expenses

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

Art piece to be installed at the Applegate MOAT

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

Chavez Joey Director Recreation and Parks 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: [Redacted] Print Name: Joey Chavez Title: Director Date: 9/9/20 (month, day, year)

Comment:

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

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