

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b>  |  | Date Stamp<br>CITY OF MERCED<br>NOV 20 19 AM 11:56                     | <b>California Form 801</b><br>For Official Use Only |
| City of Merced   |  |  |   |
| <b>Division, Department, or Region</b> (if applicable)<br>Public Works (Trees) |  |  |   |
| <b>Street Address</b><br>678 W. 18th Street, Merced Ca 95340                   |  |  |   |
| <b>Area Code/Phone Number</b><br>209-388-8650                                  | <b>Email</b><br>cityclerk@cityofmerced.org | <input type="checkbox"/> <b>Amendment</b> (explain in comment section) |   |
| <b>Agency Contact</b> (name and title)<br>John Tresidder, Assistant City Clerk |  | <b>Date of Original Filing:</b> _____<br>(month, day, year)            |   |

2. Donor Name and Address

Individual \_\_\_\_\_  
 Last Name First Name

Other Sunrise Rotary of Merced  
 Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member of Rotary International non profit

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:**

\_\_\_\_\_ 11/18/2019 \$ 10,000.00  
 Dates (month, day, year) Total Expenses

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

\$10,000 donation to be used for the purchase of street trees for downtown area

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

|           |            |                          |                           |
|-----------|------------|--------------------------|---------------------------|
| Elwin     | Ken        | Director of Public Works | Public Works/Street Trees |
| _____     | _____      | _____                    | _____                     |
| 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 | 11/20/19           |
| Signature | Print Name     | Title        | (month, day, year) |

Comment: Accepted by City Council on 11/18/2019

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

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