

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Merced

Division, Department, or Region (if applicable)

Police Department

Street Address

611 W 22nd ST Merced, CA 95340

Area Code/Phone Number

209-384-4187

Email

williamsm@cityofmerced.org

Agency Contact (name and title)

Matt Williams, Police Captain

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☒ Individual

Suz

Edward

☐ Other

Last Name

First Name

Name

Merced

CA

95348

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	\$ 3,000.00	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)

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:

Dates (month, day, year)

\$ Total Expenses

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

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

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

Signature

Print Name

Title

(month, day, year)

Comment: Donation to Merced Police Department K9 Program

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