ayment to Agency Ro	eport A Public Doc	ument	PAYMENT TO AGENCY REPORT
Agency Name		Date Sta	
Merced Police Department			Form OUI
Division, Department, or Reg	ion (if applicable)		For Official Use Only
Police			8 2
Street Address			
611 W. 22nd St, Merced, C	A 95340		世 2
Area Code/Phone Number	IEmail		
(209)385-6910	morat@cityofmerced.org	☐ Amendme	ent (explain in comment section)
Agency Contact (name and title)	morat@dityonnoroda.org	Date of Origin	al Filing:
	Analyst		(month, day, year)
Tonya Mora, Management			
Donor Name and Addre	SS		
☐ Individual		☑ Other Merced Gold	
Last Name	First Name		Name
Address	City		State Zip Code
Address	City		2.p 3343
If "Other" is marked, describe the entity	's business activity (if business) or its nature and interes	ats.	
If applicable, i	dentify the name of each source and the ar	mount(s) received by the	donor for this payment:

Name	\$	Name	Amount
Payment Information /C	Complete Sections 3.1 (a or b), 3.1	3 3)	
Transportation Provider	Rail Air Bus Check Applicable Boxes	Auto Other	Name of Lodging Facility
Lodging Expenses	Meal Expenses Transportation Expen	ses Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	2/5/22	1,612.00
o.i (b) i aymont(o) not io		ates (month, day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description of t	he payment and its ag	gency purpose and use.
	oolice K9 Unit supplies/equipmer		
3.3. Identify the officials	who used the payment in Section 3.		- · · · ·
Mora		anagement Analyst	Police/Admin
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Luci Humo			
Verification			
I authorized the acceptance	e of the reported payment(s) as in com	pliance with FPPC regu	ulations.
1. hansin-	7 THOMAS T. CAN	AUGO CHIEF	OF POLICE 1213 202
Signature	Print Name	Title	(month, day, year)
~955			
Comment:			
(Use this space or an attachment	for any additional information)		FPPC Form 801 (Jan/

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