Agency Contact (name and title) Tonya Mora, Management Analys: Donor Name and Address Campbell Address If "Other" is marked, describe the entity's business If applicable, identify: Name Payment Information (Compl. 3.1 (a) Travel Payment Transportation Provider Lodging Expenses 3.1 (b) Payment(s) not related to 3.2. Payment Description. Prov. Donation of Trovan Wands of 3.3. Identify the officials who use 3.3. Ide	plicable) O @cityofmerced.org Judy City s activity (if business) or its nature and inte	amount(s) re	Date of Original Filin	(month, day, year) Name Zip Code
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3.3. Identify the officials who use	Rail Air Bu Check Applicable Bo \$ Expenses Transportation Exp	xes S_	Other Expenses \$ 845	Name of Lodging Facility \$ Total Expenses Total Expenses
3.3. Identify the officials who use			ent and its agency	purpose and use.
Last Name	sed the payment in Section :			Police/ Admin
	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
. Verification				
I authorized the acceptance of the				
67	reported payment(s) as in co	mpliance w	ith FPPC regulation	ns.
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(Use this space or an attachment for any additional information)