

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Merced Police Department			
Division, Department, or Region (if applicable)			
Police			
Street Address			
611 W. 22nd St., Merced, CA 95340			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(209) 385-6910	morat@cityofmerced.org		
Agency Contact (name and title)			
Tonya Mora, Management Analyst			

2. Donor Name and Address

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other Merced Holdings, LP	
Last Name	First Name	Name	
9701 W. Pico Blvd., Suite 201A	Los Angeles	CA	90035
Address	City	State	Zip Code
Property owner			
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
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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)
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility
Transportation Provider	Check Applicable Boxes
\$	\$
Lodging Expenses	Meal Expenses
\$	\$
Transportation Expenses	Other Expenses
\$	\$
Total Expenses	

3.1 (b) Payment(s) not related to travel:

5/20/25	\$ 1,366.54
Dates (month, day, year)	Total Expenses

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

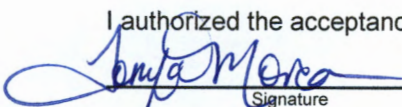
Funds to be used to purchase and install surveillance cameras.

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

Mora	Tonya	Management Analyst	Police / Administration
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.

	Tonya Mora	Management Analyst	05/27/25
Signature	Print Name	Title	(month, day, year)

Comment:

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