Payment to Agency Report   A Public Document

California Form 801

For Official Use Only

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Date Stamp

JUL 2 2 2025

City of Merced City Clerk's Office

1. Agency Name

Merced Police Department

Division, Department, or Region (if applicable)

Police

Street Address

611 W. 22nd St., Merced, CA 95340

Area Code/Phone Number	**Email**
(209) 385-6910	morat@cityofmerced.org

Agency Contact (name and title)

Tonya Mora, Management Analyst

☐ **Amendment** (explain in comment section)

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

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☑ Other   Laurel Glen Apartments, LP
Name

6485 N. Palm Ave., Suite #101   Fresno   CA   93704

Address   City   State   Zip Code

Apartment complex

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 _____ Name of Lodging Facility

Check Applicable Boxes

$ _____ Lodging Expenses $ _____ Meal Expenses $ _____ Transportation Expenses $ _____ Other Expenses $ _____ Total Expenses

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

6/25/25 $ $1,292.02

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 pole cameras at 777 Loughborough Dr., Merced, and to purchase related annual cell service subscription plans (max 1 year).
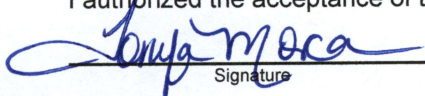
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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	Tonya Mora	Management Analyst	7/17/25
Signature	Print Name	Title	(month, day, year)

Comment:

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

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