

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 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

(209) 385-6910

Email

morat@cityofmerced.org

Agency Contact (name and title)

Tonya Mora, Management Analyst

Date Stamp

RECEIVED

JUL 22 2025

City of Merced

City Clerk's Office

☐ Amendment (explain in comment section)

Date of Original Filing:

(month, day, year)

California Form 801

For Official Use Only

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

6485 N. Palm Ave., Suite #101

Fresno

CA

93704

Address

City

State

Zip Code

Apartment complex

☒ Other

Lincoln Gardens Apartments, LP

Name

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

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:

6/25/25

Dates (month, day, year)

\$ \$1,292.02

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 1285 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

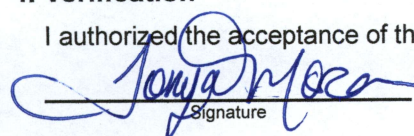
First Name

Position/Title

Department/Division

## 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.



Signature

Tonya Mora

Print Name

Management Analyst

Title

7/17/25

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov

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