

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

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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

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

☒ Other

Osito Apartments, LP

Name

→ 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 on Glen Ave., Merced, and to purchase related annual cell service subscription plans (max 1 year).

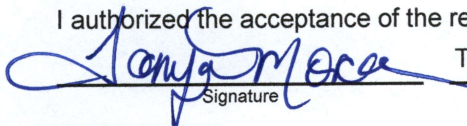
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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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