

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Merced Police Department		Date Stamp 2022 MAY 06	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Tonya Mora, Management Analyst		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Anonymous Other _____
Last Name First Name Name

Address _____ City _____ State _____ Zip Code _____

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

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) _____
 _____ Rail Air Bus Auto Other _____
Transportation Provider 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: 5/6/22 \$ 1,500.00
Dates (month, day, year) Total Expenses

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

\$1500 to be used for police K9 Unit supplies/equipment.

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

Mora	Tonya	Management Analyst	Police/Admin
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

Tonya Mora Tonya Mora Management Analyst 5/6/22
Signature Print Name Title (month, day, year)

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



CITY OF MERCED
DONATION ACCEPTANCE FORM

Name of Donor: ANONYMOUS

Address: _____ City: _____ State: _____ Zip: _____

Description of Donation: \$1500 CHECK FOR K-9 UNIT

Donor Estimate of Current Value: \$1500

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost:

NONE

Intended Use: K-9 UNIT

Conditions of Acceptance or Donor Designation: K-9 UNIT

Remarks: _____

Department Receiving Donation: POLICE DEPARTMENT - FOSTER 112

APPROVED/ DISAPPROVED

5-6-2022
Date

T. Johnson
Department Head Signature

5/19/22
Date

Stephanie Butz
City Manager Signature

Approval of City Council Required if Donation Exceeds \$5,000.

Date Submitted to Council

Date Approved by Council

Date

Mayor Signature

NOTE: The City of Merced cannot guarantee future funding for repair, maintenance, use or replacement of donated items.
cc: City Council, Finance Department, City Clerk

CITY OF MERCED, CALIFORNIA

DONATION AND GIFT POLICY ACKNOWLEDGEMENT

I have received and read the City of Merced Donation and Gift Policy and understand its provisions.

EMILY FOSTER
Employee (PRINT Name)


Employee Signature

5/6/22
Date