

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp 2022 OCT 10 10:00 AM CITY OF MERCED	California 801 Form 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 (209)385-6910	Email morat@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Tonya Mora, Management Analyst			

2. Donor Name and Address

Individual _____ Other _____

Last Name First Name Name
 1859 Wardrobe Ave. Merced CA 95340
 Address City State Zip Code

Luscious Wraps

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) _____

_____ Rail Air Bus Auto Other _____
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Transportation Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
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3.1 (b) Payment(s) not related to travel:

_____ 9/30/22 _____ \$ 405.94
 Dates (month, day, year) Total Expenses

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

Cost to apply a Breast Cancer Awareness wrap to a police vehicle.

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

Mora	Tonya	Management Analyst	Police/Admin
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 Print Name Title (month, day, year)

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

Clear Page

**CITY OF MERCED
DONATION ACCEPTANCE FORM**

Name of Donor: LUSCIOUS WRAPS

Address: 1859 WARDROBE AVE City: MERCED State: CA Zip: 95340

Description of Donation: HOOD WRAP FOR POLICE UNIT FOR BREAST
CANCER AWARENESS MONTH

Donor Estimate of Current Value: \$ 405.94

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost:
0

Intended Use: FOR BREAST CANCER AWARENESS

Conditions of Acceptance or Donor Designation: NONE

Remarks: _____

Department Receiving Donation: POLICE

APPROVED/ DISAPPROVED

9-30-22
Date

T. [Signature]
Department Head Signature

9/30/22
Date

Stephanie [Signature]
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

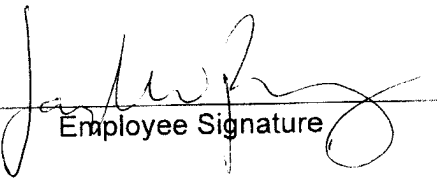
CITY OF MERCED, CALIFORNIA

DONATION AND GIFT POLICY ACKNOWLEDGEMENT

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

JOSEPH PEREZ

Employee (PRINT Name)



Employee Signature

9-30-22

Date