

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

NOV 23 AM 11:53 CITY OF MERCED

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Campbell Judy Other

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 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

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 10/27/23 \$ 845 Dates (month, day, year) Total Expenses

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

Donation of Trovan Wandscan 900 (Microchip readers)

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

4. Verification

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

Signature Steven Stanfield Chief 11-1-23 (month, day, year)

Comment:

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