

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Lathrop		Date Stamp RECEIVED AUG 02 2022 CITY CLERK	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) All			
Street Address 390 Towne Center Drive			
Area Code/Phone Number 209-941-7200	Email sburcham@ci.lathrop.ca.us		
Agency Contact (name and title) Shelley Burcham, Economic Development Administrator		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>8/2/22</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Sonic - Sandy Singh, Franchisee

Last Name: _____ First Name: _____ Name: _____
 15107 Old Harlan Road Lathrop CA 95330
 Address City State Zip Code
 Fast Food Restaurant

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:

City Staff, Appointed, Elected Officials	\$ 25.00	_____	\$ _____
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
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: \$ _____
 Dates (month, day, year): _____ Total Expenses: _____

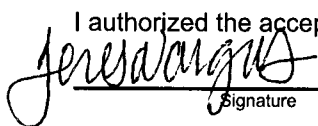
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

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

_____	_____	_____	_____
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 City Clerk Title 08/02/22
 (month, day, year)

Comment: \$25 Coupons were hand delivered to all City Staff, Councilmembers, and Commissioners
 (Use this space or an attachment for any additional information)

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