

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Fresno		Date Stamp RECEIVED 2022 MAY 16 A 11:21 CITY OF FRESNO CITY CLERK'S OFFICE	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 2600 Fresno Street			
Area Code/Phone Number 559 621 8000	Email CityManager@fresno.gov		
Agency Contact (name and title) Toni Machado, Executive Assitant		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other North American Punjabi Trucking Association

Last Name: _____ First Name: _____ Name: _____
 4709 N El Capitan Ave #104 Fresno CA 93727
 Address City State Zip Code

Trucking Association

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
 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: _____ 04/15/2022 \$ 1,100.00
 Dates (month, day, year) Total Expenses

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


American Truck Show/NAPTA provided shared booth to City of Fresno Office of Community Affairs and Economic Development Department for distribution of information at trucking show, free of charge to the City. The NAPTA indicated a value of \$1,100 for the shared booth.

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

Saini	Harjinder	Community Coordinator	Office of Community Affairs
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
Rios/Henslee	Laura/Lisa	Econ Dev Office	Economic Dev. Dept.
_____	_____	_____	_____
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.

 _____ Georgeanne White _____ City Manager _____ 05/05/22
 Signature Print Name Title (month, day, year)

Comment: Acceptance of booth space on behalf of the agency.

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

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