

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Upland		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Development Services Division			
Street Address 460 N			
Area Code/Phone Number 909-931-4120	Email uplandcityclerk@uplandca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Keri Johnson, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Campbell Tom Other _____
Last Name First Name Name

460 N Euclid Avenue Upland CA 91786
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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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:

09/22/25 \$ 50,000.00
Dates (month, day, year) Total Expenses

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

Tom Campbell, P.E., a licensed professional engineer offered to donate five complete sets of ADU plans that the City can make available for residents. Mr. Campbell grew up in Upland and wanted to give back to the community by donating his intellectual property to the City. Each plan set is professionally prepared and estimated to have a market value of \$10,000, totaling an overall donation of approximately \$50,000

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

_____	_____	_____	_____
<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.

 Keri Johnson City Clerk 09/23/25
Signature Print Name Title (month, day, year)

Comment:

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