Payment to Agency Rep	ort A Public De	ocument	PAYMENT TO AGENCY REPORT
I. Agency Name		Date Stamp	California OO4
Sacramento Suburban Water I	District	<u> </u>	Form OUI
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
3701 Marconi Ave Sacramento	CA 95821		
Area Code/Phone Number Er	mail	Amondment (evels	in in comment section)
916-972-7171		Amendment (expis	in in comment section)
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Dan York			(month, day, year)
2. Donor Name and Address			
		Other Doug Veerkamp	
☐ Individual Last Name	First Name	Other	Name
2585 Cold Springs Road	Placerville	CA	95667
Address	City	State	Zip Code
General Engineering Inc			
If "Other" is marked, describe the entity's bu	siness activity (if business) or its nature and in	terests.	
If applicable iden	tify the name of each source and the	a amount(s) received by the donor for	or this navment:
Box of cookies (3)		e amount(s) received by the donor it	n tilis payment.
	<u> </u>		\$
Name	Amount	Name	Amount
Payment Information (Con	nplete Sections 3.1 (a or b),	3.2, 3.3)	
3.1 (a) Travel Payment			
•	Location of Travel		Dates (month, day, year)
		us □ Auto □ Other	
Transportation Provider	Check Applicable B		Name of Lodging Facility
	_ ''		•
\$ \$ Lodging Expenses	Meal Expenses STransportation Ex	penses Other Expenses	Total Expenses
3.1 (b) Payment(s) not relate		.	
3.1 (b) Fayment(s) not relate	to traver.	Dates (month, day, year)	Total Expenses
2.2 Boumont Decemention D	unido o enceitio description d		•
3.2. Payment Description. P	rovide a specific description o	or the payment and its agency	purpose and use.
3.3. Identify the officials who	o 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
. Verification			·
	the reported payment(s) as in a	ompliance with EPPC regulation	,
r authorized the acceptance of	the reported payment(s) as in co	· -	
	Dan York	General Manager	12/14/21
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment for a	uny additional information\		
(assume space of all allacinificity to a	my additional information)		EDDC Form 904 / Jani

Payment to Agency Repo	ort A Publ	ic Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California On 4
Sacramento Suburban Water District			•	Form OUI
Division, Department, or Region (if applicable)			For Official Use Only
Street Address				
3701 Marconi Ave Sacramento	CA 95821			
Area Code/Phone Number Em	ail		Amondment (eve	lain in comment section)
916-972-7171			Anienament (exp	iam in comment section)
Agency Contact (name and title)			Date of Original Filin	(month, day, year)
Dan York General Manager				(month, day, year)
Donor Name and Address				
☐ Individual		Tother	GM Construction	
Last Name	First Name	Other		Name
Address	City		State	Zip Code
If "Other" is marked, describe the entity's busi	ness activity (if business) or its natur	e and interests.		
► If applicable identi	fy the name of each source a	and the amount(e) re	acived by the denor	for this navment:
Box of Cookies		and the amount(s) re	scerved by the donor	ior triis payment.
Name	\$50.00 Amount		Name	\$Amount
Payment Information (Com			rano	, and an
Transportation Provider		☐ Bus ☐ Auto	Other	Name of Lodging Facility
\$ \$ Me	sal Expenses \$ Transport	ation Expenses \$.	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not related	l to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description. Pr3.3. Identify the officials who				, purpose anα use.
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
I authorized the acceptance of t	he reported payment(s) as	s in compliance wi	th FPPC regulation	ns. (f
	-Panyow:	land	enaral Caruna	ion/ Valorio
Signature	Print Name		Title	(month, day, year)
-				· · · · · · · · · · · · · · · · · · ·
Comment:				
(Use this space or an attachment for an	y additional information)			EDDC Form 904 (lone)

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Payment to Agency Repo	ort A Public Doc	ument	PAYMENT TO AGENCY REPOR
. Agency Name		Date Stamp	California O 🗸
Sacramento Suburban Water D	'	Form OU	
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
3701 Marconi Ave Sacramento	CA 95821		
Area Code/Phone Number Em	nail	Amondment (a)	plain in comment section)
916-972-7171		Amendment (ex	plant in confinent section)
Agency Contact (name and title)		Date of Original Fill	ing:(month, day, year)
Dan York General Manager			(,), ,,
Donor Name and Address			
□ Individual	P	Other Domenichelli and	d Associates
Last Name	First Name		Name
Address	City	State	e Zip Code
Addiess	Gity	State	e Zip Code
If "Other" is reculted about the settled have	iness activity (if business) or its nature and interes	1-	
ones is marked, accorded the child of bus	mess delivity (ii business) of its nature and interes		
If applicable, ident	ify the name of each source and the an	nount(s) received by the dono	r for this payment:
Holiday Pastry Wreath	\$ 50.00	······································	
Name	\$	Name	\$Amount
	plete Sections 3.1 (a or b), 3.2		
Transportation Provider	Rail Air Bus Check Applicable Boxes	☐ Auto ☐ Other	Name of Lodging Facility
\$ \$_M	eal Expenses \$ Transportation Expens	es Other Expenses	\$Total Expenses
3.1 (b) Payment(s) not related	d to travel:	\$	
	Da	tes (month, day, year)	Total Expenses
3.2. Payment Description. Pr	rovide a specific description of th	ne payment and its agend	y 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
Eddt (Millio	i iist ivanic	1 Ostaon Hac	Department Division
Last Name	First Name	Position/Title	Department/Division
Vauiti aati au			
Verification			
I authorized the acceptance of	the reported payment(s) as in comp	pliance with FPPC regulation	ons.
	I JUN ADIK	600000 Man	11 10 12 12 12 12 12 12 12 12 12 12 12 12 12
Signature	Print Name	Title	(monin, day, year
Community			
Comment:	The state of the s		
(Use this space or an attachment for a	ny additional information)		EDDC Form 901 / Jan

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ayment to Agency Re	eport	A Public Doct	ment			MENT TO AGENCY REPO	
Agency Name				Date Stam	р	alifornia 80	
Sacramento Suburban Water Disrict					Form OU		
Division, Department, or Reg	ion (if applicable)					For Official Use Only	
Engineering							
Street Address							
3701 Marconi Ave Ste. 100,	Sacramento, CA 9	95821-5346	1				
Area Code/Phone Number	Email			☐ Amendment	t (explain in co	xplain in comment section)	
916-972-7171	eflaa@sswd.org			_		This common coccomy	
Agency Contact (name and title)				Date of Original	Filing:	month, day, year)	
					·	,,	
Donor Name and Addre	ss						
Inferra	Jef	f	7 Othor				
Individual Last Name	First	Name] Other		Name	9	
7040 Settlers Trail		Shingle Springs			CA	95682	
Address		City		5	State	Zip Code	
If "Other" is marked, describe the entity'	s business activity (if busin	ess) or its nature and interest	s.				
If annlicable in	dentify the name of e	ach source and the am	ount(s) re	eceived by the do	nor for this	payment:	
Trapphoasio, is	dentity the name of c		, ,	•		paymont	
Name	\$	Amount		Name		\$	
	Paramiata Castia.		2 2\				
Payment Information (C	ompiete Sectioi	18 3.1 (a or b), 3.2	, ა.ა)				
3.1 (a) Travel Payment	· · · · · · · · · · · · · · · · · · ·	ocation of Travel		_	Data	s (month, day, year)	
	ı	Location of fraver			Date	s (monui, day, year)	
Transportation Provider	Rail	☐ Air ☐ Bus	☐ Auto	Other _	Name	e of Lodging Facility	
Transportation Frovider		Check Applicable Boxes		40.00			
\$ \$_Lodging Expenses	Meal Expenses	\$ Transportation Expense	_ \$_	40.00 Other Expenses	. \$	40.00 Total Expenses	
* * ·	·		es !-08-2021	-	40.00	Total Expenses	
3.1 (b) Payment(s) not rel	ated to travel:		tes (month, d	Ψ.	40.00	Total Expenses	
			•			•	
3.2. Payment Description	•	fic description of th	e payme	ent and its age	ency purp	ose and use.	
Charcuterie gift basket							
3.3. Identify the officials v	who used the pavi	ment in Section 3.1	(See instru	ctions)			
•	, -				Engine	poring	
Flaa	Erik		nior Inspe	ector tion/Title	Engine -	Department/Division	
Last Name	First Nan	ie .	Posi	uon/ nue		Department/Division	
Last Name	First Nan	ne	Pos	ition/Title		Department/Division	
						·	
Verification							
I authorized the acceptance	of the reported pa	yment(s) as in comp	liance wi	th FPPC regula	ations.	- 11.1	
	Min	VMV	(4	growal LA	MOMBE	~ 1/2 / P.M	
Signature	— - 	Print Name		Title	MINIO	(month, day, year	
					*		
_							

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