

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Sacramento Suburban Water District		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 3701 Marconi Ave Sacramento CA 95821			
Area Code/Phone Number 916-972-7171	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Dan York		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Doug Veerkamp

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name

2585 Cold Springs Road \_\_\_\_\_ Placerville \_\_\_\_\_ CA \_\_\_\_\_ 95667

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

General Engineering Inc

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:

<u>Box of cookies</u> <u>(3)</u>	<u>\$ 200.00</u>	_____	_____
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 \_\_\_\_\_

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:**

\_\_\_\_\_ \$ \_\_\_\_\_

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.

	<u>Dan York</u>	<u>General Manager</u>	<u>12/14/21</u>
Signature	Print Name	Title	(month, day, year)

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

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Division, Department, or Region (if applicable)			
Street Address 3701 Marconi Ave Sacramento CA 95821			
Area Code/Phone Number 916-972-7171	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dan York General Manager			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other GM Construction

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ 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:

<u>Box of Cookies</u>	\$ <u>50.00</u>	_____	\$ _____
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 \_\_\_\_\_

Check Applicable Boxes

\$ \_\_\_\_\_ 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 \_\_\_\_\_ Dan York Print Name \_\_\_\_\_ General Manager Title \_\_\_\_\_ 1/3/2012 (month, day, year)

Comment:  
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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Sacramento Suburban Water District		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 3701 Marconi Ave Sacramento CA 95821			
Area Code/Phone Number 916-972-7171	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Dan York General Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Domenichelli and Associates  
Last Name First Name Name

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:

<u>Holiday Pastry Wreath</u>	\$ <u>50.00</u>	_____	\$ _____
<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: \_\_\_\_\_ \$ \_\_\_\_\_  
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.

Dan York General manager 1/3/2022  
Signature Print Name Title (month, day, year)

Comment: \_\_\_\_\_  
 (Use this space or an attachment for any additional information)

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1. Agency Name
Sacramento Suburban Water District
Division, Department, or Region (if applicable)
Engineering
Street Address
3701 Marconi Ave Ste. 100, Sacramento, CA 95821-5346
Area Code/Phone Number
916-972-7171
Email
eflaa@sswd.org
Date Stamp
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 Inferra Last Name Jeff First Name Other Name
7040 Settlers Trail Address Shingle Springs City CA State 95682 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:

12-08-2021 Dates (month, day, year) \$ 40.00 Total Expenses

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

Charcuterie gift basket

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

Flaa Erik Senior Inspector Engineering
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 Dan Yonc Print Name General Manager Title 1/31/2012 (month, day, year)

Comment:

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