Aganay Nama	rt A Public Do	Culticit	PAYMENT TO AGENCY REPOR
. Agency Name		Date Stamp	California Q 🗘 🗸
Sacramento Suburban Water Dis	strict	·	Form OUI
Division, Department, or Region (if	applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue Suite 100	Sacramento CA 95821		
Area Code/Phone Number Ema 916-972-7171	il	Amendment (exp	ain in comment section)
		Date of Original Filin	a.
Agency Contact (name and title) Dan York		Jule of Griginal Film	(month, day, year)
. Donor Name and Address			
☐ Individual		Other Michael Phillips La	andscapes
Last Name	First Name	_	Name
	Sacramento	CA	
Address	City	State	Zip Code
Landscaping			
If "Other" is marked, describe the entity's busine	ess activity (if business) or its nature and inte	erests.	
> If applicable identify	, the name of each source and the	amount(a) received by the dener	for this navment:
	the name of each source and the	amount(s) received by the donor	ior this payment.
basket of popcorn	\$ <u>40.00</u>		\$
Name	Amount	Name	Amount
Transportation Provider \$		xes	Name of Lodging Facility S Total Expenses
Loughing Expenses	- Experieds Harreportation Exp	Other Experies	
3.1 (b) Payment(s) not related	to travel:	\$	
3.1 (b) Payment(s) not related		Dates (month, day, year)	Total Expenses
3.1 (b) Payment(s) not related3.2. Payment Description. Pro3.3. Identify the officials who under the content of the	vide a specific description o	Dates (month, day, year) f the payment and its agency	•
3.2. Payment Description. Pro	vide a specific description o	Dates (month, day, year) f the payment and its agency	•
3.2. Payment Description. Pro3.3. Identify the officials who under the control of the control	vide a specific description o	Dates (month, day, year) f the payment and its agency 3.1 (See instructions)	purpose and use.
3.2. Payment Description. Pro 3.3. Identify the officials who to the state of the	used the payment in Section	Dates (month, day, year) f the payment and its agency 3.1 (See instructions) Position/Title	purpose and use. Department/Division
3.2. Payment Description. Pro 3.3. Identify the officials who to Last Name Last Name Last Name	used the payment in Section First Name	The payment and its agency 3.1 (See instructions) Position/Title Position/Title	Department/Division Department/Division
3.3. Identify the officials who to Last Name	used the payment in Section First Name First Name e reported payment(s) as in co	Totales (month, day, year) If the payment and its agency 3.1 (See instructions) Position/Title Position/Title mpliance with FPPC regulation	Department/Division Department/Division
3.3. Identify the officials who use the Last Name Last Name Verification I authorized the acceptance of the last Name of th	rist Name First Name First Name First Name A reported payment(s) as in co	Tates (month, day, year) If the payment and its agency 3.1 (See instructions) Position/Title Position/Title mpliance with FPPC regulation General Manager	Department/Division Department/Division 12/15/22
3.2. Payment Description. Pro 3.3. Identify the officials who to the second se	used the payment in Section First Name First Name e reported payment(s) as in co	Totales (month, day, year) If the payment and its agency 3.1 (See instructions) Position/Title Position/Title mpliance with FPPC regulation	Department/Division Department/Division

	ort A Public Dod	Jument	PAYMENT TO AGENCY REPOR
Agency Name		Date Stamp	California O 1
Sacramento Suburban Water D	District	·	Form OUI
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue Suite 10	0 Sacramento CA 95821		
Area Code/Phone Number Er	nail		
916-972-7171		Amendment (expl	ain in comment section)
Agency Contact (name and title)		Date of Original Filin	g:
Dan York			(month, day, year)
Donor Name and Address		<u> </u>	
☐ Individual		Other HDR	
Last Name	First Name	_	Name
2379 Gateway Oaks Drive	Sacramento	CA	95833
Address	City	State	Zip Code
Civil Engineering			
If "Other" is marked, describe the entity's but	siness activity (if business) or its nature and intere	ests.	
If applicable, iden	tify the name of each source and the a	imount(s) received by the donor t	or this payment
1lb Sees Candy	·	anicant(s) reserved by the denot	or and paymone
Name	\$ 30.00	Name	\$Amount
			7 in our
•	nplete Sections 3.1 (a or b), 3.	.2, 3.3)	
3.1 (a) Travel Payment	Location of Travel		Dates (marth day year)
	Location of Travel		Dates (month, day, year)
	🗌 Rail 🔲 Air 🔲 Bus	☐ Auto ☐ Other	Name of Lodging Facility
Transportation Provider	Check Applicable Boxe	es	Name of Lodging Facility
\$	\$_ Meal Expenses Transportation Exper	\$	\$ Total Expenses
- 		nses Other Expenses	Iotal Expenses
Lodging Expenses 3.1 (b) Payment(s) not relate	ed to travel:	\$	
3.1 (b) Payment(s) not relate	ed to travel:	Dates (month, day, year)	Total Expenses purpose and use.
3.1 (b) Payment(s) not relate3.2. Payment Description. P	ed to travel:	Dates (month, day, year)	•
3.1 (b) Payment(s) not relate3.2. Payment Description. P	ed to travel:	Dates (month, day, year)	·
3.1 (b) Payment(s) not relate3.2. Payment Description. P3.3. Identify the officials who	ed to travel: rovide a specific description of the control of the	the payment and its agency (See instructions)	purpose and use.
3.1 (b) Payment(s) not relate3.2. Payment Description. P3.3. Identify the officials who	ed to travel: rovide a specific description of the control of the	the payment and its agency (See instructions)	purpose and use.
3.1 (b) Payment(s) not relate 3.2. Payment Description. P 3.3. Identify the officials who Last Name	ed to travel: Provide a specific description of the control of th	Atles (month, day, year) the payment and its agency (1) (See instructions) Position/Title	purpose and use. Department/Division
3.1 (b) Payment(s) not relate 3.2. Payment Description. P 3.3. Identify the officials who Last Name Last Name Verification	ed to travel: Provide a specific description of the speci	the payment and its agency (See instructions) Position/Title	Department/Division Department/Division
3.1 (b) Payment(s) not relate 3.2. Payment Description. P 3.3. Identify the officials who Last Name Last Name Verification	rovide a specific description of to used the payment in Section 3. First Name First Name the reported payment(s) as in com-	And the payment and its agency 1 (See instructions) Position/Title Position/Title	Department/Division Department/Division S.
3.1 (b) Payment(s) not relate 3.2. Payment Description. P 3.3. Identify the officials who Last Name Verification I authorized the acceptance of	ed to travel: Provide a specific description of the speci	the payment and its agency (1) (See instructions) Position/Title Position/Title appliance with FPPC regulation General Manager	Department/Division Department/Division
3.1 (b) Payment(s) not relate 3.2. Payment Description. P 3.3. Identify the officials who Last Name Last Name Verification	rovide a specific description of to used the payment in Section 3. First Name First Name the reported payment(s) as in com-	And the payment and its agency 1 (See instructions) Position/Title Position/Title	Department/Division Department/Division S.
3.1 (b) Payment(s) not relate 3.2. Payment Description. P 3.3. Identify the officials who Last Name Verification I authorized the acceptance of	rovide a specific description of to used the payment in Section 3. First Name First Name the reported payment(s) as in company York	the payment and its agency (1) (See instructions) Position/Title Position/Title appliance with FPPC regulation General Manager	Department/Division Department/Division S. 12/15/22

ayment to Agency Repo	ort A Public l	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California Q 🗸 🗸
Sacramento Suburban Water D	District		•	Form OU
Division, Department, or Region	(if applicable)			For Official Use Only
Street Address				
3701 Marconi Avenue Suite 100	0 Sacramento CA 95821			
Area Code/Phone Number En	nail		☐ Amandment (evols	in in comment section)
916-972-7171			Amendment (expire	arr in comment sociony
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Dan York				(month, day, year)
Donor Name and Address		·		
☐ Individual			Domenichelli and A	ssociates
Last Name	First Name	Outloo		Name
Address	City		State	Zip Code
Civil Engineering				
If "Other" is marked, describe the entity's bus	siness activity (if business) or its nature and	d interests.		
If applicable ident	tify the name of each source and	the amount(s) re	sceived by the donor f	or this navment:
Kringle Danish	-	the amount(s) re	cerved by the donor it	or tras payment.
Name	\$ 30.00 Amount		Name	\$Amount
		-\ 2 2 2 2\	Hamo	, 11104111
Payment Information (Com	ipiete Sections 3.1 (a or b)), 3.2, 3.3)		
3.1 (a) Travel Payment	Location of Travel		_	Dates (month, day, year)
				bates (month, day, year)
Transportation Provider	Rail Air Check Applicable] Bus □ Auto le Boxes	o □ Other	Name of Lodging Facility
\$ \$ M	S	\$.	Other Expenses	\$ Total Expenses
		i Expenses	·	Total Experises
3.1 (b) Payment(s) not relate	d to travei:	Dates (month, o	\$	Total Expenses
2.2 Dayment Decembring D				
	rovide a specific description	n of the payme	ent and its agency	purpose and use.
3.3. Identify the officials who				purpose and use.
		on 3.1 (See instru		purpose and use. Department/Division
3.3. Identify the officials who	o used the payment in Section	ON 3.1 (See instru	ictions)	
3.3. Identify the officials who Last Name Last Name	o used the payment in Section First Name	ON 3.1 (See instru	ictions) ition/Title	Department/Division
3.3. Identify the officials who Last Name Last Name Verification	First Name First Name	On 3.1 (See instru	ition/Title	Department/Division Department/Division
3.3. Identify the officials who Last Name	First Name First Name the reported payment(s) as in	on 3.1 (See instru	ition/Title sition/Title	Department/Division Department/Division
3.3. Identify the officials who Last Name Last Name Verification I authorized the acceptance of	First Name First Name the reported payment(s) as in Dan York	on 3.1 (See instru	ition/Title ition/Title ith FPPC regulationseral Manager	Department/Division Department/Division S. 12/07/22
3.3. Identify the officials who Last Name Last Name Verification	First Name First Name the reported payment(s) as in	on 3.1 (See instru	ition/Title sition/Title	Department/Division Department/Division 5.
3.3. Identify the officials who Last Name Last Name Verification I authorized the acceptance of	First Name First Name the reported payment(s) as in Dan York	on 3.1 (See instru	ition/Title ition/Title ith FPPC regulationseral Manager	Department/Division Department/Division

ayment to Agency Repor	t A Public Docur	ment	PAYMENT TO AGENCY REPOR
Agency Name		Date Stamp	California Q 0 4
Sacramento Suburban Water Dist	trict		Form OU
Division, Department, or Region (if a	applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue Suite 100 S	Sacramento CA 95821		
Area Code/Phone Number Emai	T	Amendment (expla	in in comment section)
916-972-7171			,
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Dan York			. , , ,
Donor Name and Address			
☐ Individual		Other Doug Veerkamp	
Last Name	First Name		Name
3701 Trade Way	Cameron Park	CA State	95682 Zip Code
	Ony	State	Zip Oode
Civil Engineering	ss activity (if business) or its nature and interests.		
ir Other is marked, describe the entity's busine	ss activity (if pusiness) or its nature and interests.		
If applicable, identify	the name of each source and the amo	unt(s) received by the donor for	or this payment:
Kellis Cookies	\$ 50.00		c
Name	Amount —	Name	Amount
Payment Information (Comp	lete Sections 3.1 (a or b), 3.2,	3.3)	
3.1 (a) Travel Payment	, ,	•	
_	Location of Travel		Dates (month, day, year)
		☐ 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		\$	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to travel:	(month, day, year)	Total Expenses
3.2. Payment Description. Pro	to travel:	payment and its agency	•
3.2. Payment Description. Pro	to travel: Dates Vide a specific description of the	payment and its agency	•
3.2. Payment Description. Pro	to travel: Dates Vide a specific description of the sed the payment in Section 3.1	payment and its agency See instructions)	purpose and use.
3.2. Payment Description. Prod 3.3. Identify the officials who u Last Name Last Name	to travel: Dates Vide a specific description of the sed the payment in Section 3.1 (month, day, year) payment and its agency See instructions) Position/Title	purpose and use. Department/Division
3.2. Payment Description. Prod 3.3. Identify the officials who u Last Name Last Name Verification	to travel: Dates Vide a specific description of the sed the payment in Section 3.1 (payment and its agency See instructions) Position/Title Position/Title	Department/Division Department/Division
3.2. Payment Description. Prod 3.3. Identify the officials who u Last Name Last Name Verification	to travel: Dates Vide a specific description of the sed the payment in Section 3.1 (First Name First Name e reported payment(s) as in complice	payment and its agency See instructions) Position/Title Position/Title ance with FPPC regulations	Department/Division Department/Division
3.2. Payment Description. Prod 3.3. Identify the officials who use the last Name Last Name Verification I authorized the acceptance of the	to travel: Dates Vide a specific description of the sed the payment in Section 3.1 (payment and its agency See instructions) Position/Title Position/Title ance with FPPC regulations General Manager	Department/Division Department/Division 12/07/22
3.2. Payment Description. Prod 3.3. Identify the officials who u Last Name Last Name Verification	to travel: Dates Vide a specific description of the sed the payment in Section 3.1 (First Name First Name e reported payment(s) as in complice	payment and its agency See instructions) Position/Title Position/Title ance with FPPC regulations	Department/Division Department/Division

Payment to Agency Report	A Public Document		PAYMENT TO AGENCY REPORT
1. Agency Name		Date Stamp	California O 1
Sacramento Suburban Water District (SSWD)	,	Form OUI
Division, Department, or Region (if applica	ble)		For Official Use Only
Engineering			
Street Address			
3701 Marconi Ave., Ste. 100, Sacramo	ento, CA 95821		
Area Code/Phone Number Email		[] A	-:
916-972-7171		Amenament (expir	ain in comment section)
Agency Contact (name and title)		Date of Original Filing	g:
Dan York			(month, day, year)
2. Donor Name and Address			
		Inferrera Constucti	on Management Group
☐ Individual	First Name Other		Name
7040 Settlers Trail	Shingle Springs	CA	95682
Address	City	State	Zip Code
Construction Inspection Services			
If "Other" is marked, describe the entity's business acti	vity (if business) or its nature and interests.		
			for this manner of
	name of each source and the amount(s) r		for this payment:
Icing on the cupcake	\$ 52.00 Amount	Name	\$Amount
Name		Name	Amount
B. 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 ☐ Aut	o 🗌 Other	
Transportation Provider	Check Applicable Boxes		Name of Lodging Facility
\$\$	\$ \$		\$
Lodging Expenses Meal Exper	ses Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to tra		\$	
	Dates (month,	day, year)	Total Expenses
3.2. Payment Description. Provide	a specific description of the paym	ent and its agency	purpose and use.
0.0	the manner of the Oceation O.4		
3.3. Identify the officials who used	the payment in Section 3.1 (See instri	uctions)	
Last Name	First Name Pos	sition/Title	Department/Division
Last Name	First Name Po	sition/Title	Department/Division
Lust Namo	ristivanie	Sidon/ Fide	Department Division
I. Verification			
I authorized the acceptance of the rep	orted payment(s) as in compliance w	ith FPPC regulation	ns.
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment for any additi	onal information)		FPPC Form 801 (Jan/1)

advice@fppc.ca.gov

	A Public Doc	ument	PAYMENT TO AGENCY REPORT
. Agency Name		Date Stamp	California O 0 4
Sacramento Suburban Water District (SS	SWD)	` '	Form OUI
Division, Department, or Region (if applicable)			For Official Use Only
Engineering			
Street Address			
3701 Marconi Ave., Ste. 100, Sacrament	o, CA 95821		
Area Code/Phone Number Email			
916-972-7171		Amendment (expla	in in comment section)
Agency Contact (name and title)		Date of Original Filing	
Dan York			(month, day, year)
. Donor Name and Address			
Donor Name and Address		West Yost Associa	tes
Individual	First Name	Other — Other	Name
2020 Research Park Drive, Suite	Davis	CA	95618
Address	City	State	Zip Code
Construction Services			
If "Other" is marked, describe the entity's business activity	(if business) or its nature and interes	sts.	The second secon
,	,		
If applicable, identify the nan		mount(s) received by the donor for	or this payment:
Enstrom Almond Toffee	\$87.00		\$
Name	Amount	Name	Amount
	Check Applicable Boxes		\$Total Expenses
3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a second sec	el: Dispecific description of t	\$ates (month, day, year) he payment and its agency	Total Expenses
3.1 (b) Payment(s) not related to trave3.2. Payment Description. Provide a3.3. Identify the officials who used the	el: specific description of t e payment in Section 3.	sates (month, day, year) the payment and its agency (See instructions)	Total Expenses purpose and use.
3.1 (b) Payment(s) not related to trave3.2. Payment Description. Provide a3.3. Identify the officials who used the	el: Description of t	\$ates (month, day, year) he payment and its agency	Total Expenses
 3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a second second	el: specific description of t e payment in Section 3.	sates (month, day, year) the payment and its agency (See instructions)	Total Expenses purpose and use.
3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a second sec	el: specific description of t e payment in Section 3.4 First Name	tes (month, day, year) he payment and its agency (See instructions) Position/Title	Total Expenses purpose and use. Department/Division Department/Division
3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a second and a second	el: specific description of t e payment in Section 3.4 First Name	tes (month, day, year) he payment and its agency (See instructions) Position/Title	Total Expenses purpose and use. Department/Division Department/Division
3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a second and a second a second and	specific description of t e payment in Section 3.* First Name ted payment(s) as in comp	tes (month, day, year) he payment and its agency (See instructions) Position/Title Position/Title	Total Expenses purpose and use. Department/Division Department/Division

1. Agency Name	ort A Public Doc	unitil	PAYMENT TO AGENCY REPORT
gonoj manio		Date Stamp	California O 1
Sacramento Suburban Water Di	istrict	·	Form OUI
Division, Department, or Region ((if applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue Suite 100) Sacramento CA 95821		
Area Code/Phone Number Em	nail	Amendment (evol	ain in comment section)
916-972-7171		Amendment (CAPI	an in comment acciony
Agency Contact (name and title) Dan York		Date of Original Filing	g:(month, day, year)
2. Donor Name and Address			
☐ Individual		Other Forsgren Associate	
Last Name	First Name	_	Name 05670
3110 Gold Canal Drive Ste C	Rancho Cordova	State	95670 Zip Code
Civil Engineering	5,	C	<u> </u>
If "Other" is marked, describe the entity's busi	iness activity (if business) or its nature and intere	sts.	
•	ify the name of each source and the ar	mount(s) received by the donor t	or this payment:
Bucket of treats	\$ <u>60.00</u>		\$
Name	Amount uplete Sections 3.1 (a or b), 3.1	Name	Amount
Transportation Provider	Rail Air Bus Check Applicable Boxes	☐ Auto ☐ Others	Name of Lodging Facility
			_
\$ \$		ses Other Expenses	Total Expenses
\$ \$ \$ Me 3.1 (b) Payment(s) not related		ses Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not related	d to travel:	ates (month, day, year)	Total Expenses
3.1 (b) Payment(s) not related	d to travel:	ates (month, day, year)	Total Expenses
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr	d to travel:	ates (month, day, year) he payment and its agency	Total Expenses
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr	d to travel: Tovide a specific description of t	ates (month, day, year) he payment and its agency	Total Expenses
3.1 (b) Payment(s) not related3.2. Payment Description. Pr3.3. Identify the officials who	to travel: Tovide a specific description of t used the payment in Section 3.	sates (month, day, year) he payment and its agency (See instructions)	Total Expenses purpose and use.
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr 3.3. Identify the officials who Last Name Last Name	d to travel: Tovide a specific description of t used the payment in Section 3.* First Name	ates (month, day, year) he payment and its agency (See instructions)	Total Expenses purpose and use. Department/Division
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr 3.3. Identify the officials who Last Name Last Name	d to travel: Tovide a specific description of t used the payment in Section 3.* First Name	ates (month, day, year) he payment and its agency (See instructions) Position/Title Position/Title	Total Expenses purpose and use. Department/Division Department/Division
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr 3.3. Identify the officials who Last Name Last Name	ovide a specific description of t used the payment in Section 3.* First Name	ates (month, day, year) he payment and its agency (See instructions) Position/Title Position/Title pliance with FPPC regulation	Total Expenses purpose and use. Department/Division Department/Division
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr 3.3. Identify the officials who Last Name Last Name	used the payment in Section 3.* First Name First Name the reported payment(s) as in com	ates (month, day, year) he payment and its agency (See instructions) Position/Title Position/Title	Total Expenses purpose and use. Department/Division Department/Division
3.1 (b) Payment(s) not related 3.2. Payment Description. Pr 3.3. Identify the officials who Last Name Last Name 1. Verification I authorized the acceptance of the second sec	the reported payment(s) as in com	ates (month, day, year) he payment and its agency (See instructions) Position/Title Position/Title pliance with FPPC regulation General Manager	Total Expenses purpose and use. Department/Division Department/Division S. 12/07/22