

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Sacramento Suburban Water Dist.

Division, Department, or Region (if applicable)

Street Address

3701 Marconi Ave

Area Code/Phone Number

916-972-7171

Email

feedback@sswd.org

Agency Contact (name and title)

Dan York

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

Other

WOOD RODGERS

3301 C Street Sacramento CA 95816

Consulting

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:

\$ 50.00 Total Expenses

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

box of Sees candy

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 11/30/23 (month, day, year)

Comment: This treat bucket was provided to all staff.

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

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Division, Department, or Region (if applicable)
Street Address
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Area Code/Phone Number
916-972-7171
Email
feedback@sswd.org
Agency Contact (name and title)
Dan York
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 Other ICM Group
Last Name First Name Name
7040 Settlers Trail Shingle Springs CA 95682
Address City State Zip Code
Consulting
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
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 \$ 60.00

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

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 11/30/23 (month, day, year)

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

2. Donor Name and Address

Individual _____ Other Doug Veerkamp General Engineering

Last Name First Name Name
3701 Trade Way Cameron Park CA 95682
 Address City State Zip Code

Consulting

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) _____

_____ 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) _____ \$ 60.00 Total Expenses

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

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>11/30/23</u>
Signature	Print Name	Title	(month, day, year)

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Street Address 3701 Marconi Ave			
Area Code/Phone Number 916-972-7171	Email feedback@sswd.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dan York			

2. Donor Name and Address

Individual _____ Other InvoiceCloud _____

_____ Last Name _____ First Name _____ Name _____

Address _____ City _____ State _____ Zip Code _____

Consulting

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 _____

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: _____ \$ 40.00

_____ Dates (month, day, year) _____ Total Expenses _____

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

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	11/30/23 _____ (month, day, year)
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Street Address 3701 Marconi Ave			
Area Code/Phone Number 916-972-7171	Email feedback@sswd.org	<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 Domenichelli and Associates

_____ Last Name _____ First Name _____ Name _____

5180 Golden Foothill Parkway Suite 220 El Dorado Hills CA 95762

Address City State Zip Code

Consulting

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) _____

_____ 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: _____ \$ 40.00

_____ Dates (month, day, year) _____ Total Expenses

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

Kringle Pastry

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	11/30/23
Signature	Print Name	Title	(month, day, year)

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Street Address 3701 Marconi Ave			
Area Code/Phone Number 916-972-7171	Email feedback@sswd.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dan York			

2. Donor Name and Address

Individual _____ Other Michael Phillips Landscaping
Last Name First Name Name

Address _____ City _____ State _____ Zip Code _____

Consulting

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:

_____ Dates (month, day, year) _____ \$ 50.00
Total Expenses

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

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.

_____	Dan York	General Manager	11/30/23
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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Email
feedback@sswd.org
Agency Contact (name and title)
Dan York
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 Other Restoration Management Company
1804 Enterprise Blvd West Sacramento CA 95691
Address City State Zip Code
Consulting
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:

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
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
\$ 25.00
Dates (month, day, year) Total Expenses

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

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
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 11/30/23 (month, day, year)

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Agency Contact (name and title) Dan York			

2. Donor Name and Address

Individual _____ Other West Yost

Last Name: _____ First Name: Davis Name: _____
 Address: 2020 Research Park Drive City: _____ State: CA Zip Code: 95618
 Consulting

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 _____ \$ _____
 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: _____ \$ 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.

Chocolate boxes (3 for each office)

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 _____ 11/30/23
 Signature Print Name Title (month, day, year)

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Agency Contact (name and title) Dan York		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Forsgren Associates Inc.

_____ Last Name _____ First Name _____ Name _____

3110 Gold Canal Drive Suite C _____ CA 95670

Address _____ City _____ State _____ Zip Code _____

Consulting

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) _____

_____ 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:

_____ \$ 50.00 _____

Dates (month, day, year) Total Expenses

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

Holiday bucket with lots of treats inside.

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	11/30/23
Signature	Print Name	Title	(month, day, year)

Comment: This treat bucket was provided to all staff.

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