ayment to Agency	Report A Pu	blic Document	PAYMENT TO AGENCY REPORT
. Agency Name		Date Stamp	California 201
Sacramento Suburban W	ater Dist.	·	Form OUI
Division, Department, or R	egion (if applicable)	,	For Official Use Only
Street Address			
3701 Marconi Ave			,
Area Code/Phone Number	Email		(surfair in comment applied)
916-972-7171	feedback@sswd.org	Amendment	(explain in comment section)
Agency Contact (name and tit	e)	Date of Original F	filing:(month, day, year)
Dan York			(month, day, year)
. Donor Name and Add	ress	And the second s	
☐ Individual		WOOD RODGE	ERS
Last Name	First Name	-	Name
3301 C Street			A 95816
Address	City	Sta	ate Zip Code
Consulting			
If "Other" is marked, describe the en	tity's business activity (if business) or its r	nature and interests.	
If applicable	e, identify the name of each sour	ce and the amount(s) received by the dor	nor for this payment:
	,	()	Φ.
Name	\$ Amount	Name	Amount
Payment Information	(Complete Sections 3.1 (a or b), 3.2, 3.3)	
Transportation Provid	Location of	r □ Bus □ Auto □ Other _	Dates (month, day, year) Name of Lodging Facility
Hansportation Fronti	Check	Applicable Boxes	ratio of Loughing Facility
\$ Lodging Expenses	\$ \$ Trans	sportation Expenses Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not	related to travel:	\$ 5	60.00
on (a) raymondo mot	iolatoa to travoli	Dates (month, day, year)	Total Expenses
box of Sees candy	on. Provide a specific desc s who used the payment in	cription of the payment and its ager Section 3.1 (See instructions)	ncy purpose and use.
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Verification			
I authorized the acceptar	ce of the reported payment(s	s) as in compliance with FPPC regula	tions.
4	Dan York	General Manager	11/30/23
Signature	Print Nam		(month, day, year)
-			, ,
	ket was provided to all staff.		
(Use this space or an attachme	ent for any additional information)		EPPC Form 801 (Jan



acramento Suburban Water Dist. vision, Department, or Region (if applicable) reet Address 'O1 Marconi Ave ea Code/Phone Number	Name CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility \$
reet Address 701 Marconi Ave rea Code/Phone Number 6-972-7171 feedback@sswd.org rency Contact (name and title) an York Conor Name and Address Individual Last Name First Name Shingle Springs City Consulting City City Consulting City City City Consulting City Cit	For Official Use Only mendment (explain in comment section) of Original Filing: (month, day, year) Name CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility \$
reet Address 701 Marconi Ave aa Code/Phone Number Email feedback@sswd.org Date of an York Date of Date of Date of Date of an York Date of an York Date of an York Date of Date	mendment (explain in comment section) of Original Filing: (month, day, year) Name CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility \$
## Code/Phone Number Email	Of Original Filing:
Email feedback@sswd.org Date of Date o	Of Original Filing:
Secretary Secr	Of Original Filing:
George Contact (name and title) Date of	Of Original Filing:
Individual Last Name Pirst Name D40 Settlers Trail Shingle Springs City Consulting City City Consulting City Consulting City City Consulting City Consulting City City City Consulting City City City City City City City City	Sroup Name CA 95682 State Zip Code by the donor for this payment: Amount Dates (month, day, year) Other Name of Lodging Facility \$
Individual Last Name Pirst Name Shingle Springs Gress City Other If applicable, identify the name of each source and the amount(s) received by Sayment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) If (a) Travel Payment Rail Air Bus Auto Check Applicable Boxes Lodging Expenses Meal Expenses Transportation Expenses Other Expenses City	Name CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility
Individual	Name CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility \$
Individual Last Name Pirst Name Other Shingle Springs City City Cher' 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 same applicable, identify the name of each source and the amount(s) received by the same applicable sections 3.1 (a or b), 3.2, 3.3) If (a) Travel Payment Check Applicable Boxes Check Applicable Boxes Check Applicable Boxes Cother Expenses Cother Exp	Name CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility \$
Last Name O40 Settlers Trail Shingle Springs City Onsulting 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 same of each source and the same of eac	CA 95682 State Zip Code by the donor for this payment: Jame Amount Dates (month, day, year) Other Name of Lodging Facility \$
City Consulting City Cher" 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 name of each source and the name of each source a	by the donor for this payment: Same
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 name of each source and the name of each sou	by the donor for this payment: Same
Dither" 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 name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the amount of the name of each source and the namount of each source and the name of each source and the name of	Dates (month, day, year) Other Name of Lodging Facility
Name Same Amount Name	Dates (month, day, year) Other Name of Lodging Facility
Name \$_Amount Name Amount Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 1 (a) Travel Payment Location of Travel Rail	Dates (month, day, year) Other Name of Lodging Facility
Ayment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 1 (a) Travel Payment Location of Travel Rail	Dates (month, day, year) Other Name of Lodging Facility
Ayment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 1 (a) Travel Payment Location of Travel Rail	Dates (month, day, year) Other Name of Lodging Facility
Location of Travel Location of Travel	Other Name of Lodging Facility \$
	Expenses Total Expenses
	\$ 60.00
1 (b) Payment(s) not related to travel: Dates (month, day, year)	Ŧ
 Payment Description. Provide a specific description of the payment and asket of treats Identify the officials who used the payment in Section 3.1 (See instructions) 	d its agency purpose and use.
Last Name First Name Position/Title	Department/Division
Last Name First Name Position/Title	Department/Division
erification	
uthorized the acceptance of the reported payment(s) as in compliance with FPP0	PC regulations.
outhorized the acceptance of the reported payment(s) as in compliance with FPP0 Dan York General Mar	



	eport A Public Do		PAYMENT TO AGENCY REPOR
. Agency Name		Date Stamp	California On
Sacramento Suburban Wat	ter Dist.	·	Form OU
Division, Department, or Reg	gion (if applicable)	and a second or a second of the second of th	For Official Use Only
Street Address	776-70		
3701 Marconi Ave			
Area Code/Phone Number	Email		1
916-972-7171	feedback@sswd.org	-	ain in comment section)
Agency Contact (name and title)		Date of Original Filing	g:(month_day year)
Dan York			(month, day, youry
Donor Name and Addre	988		
☐ Individual		Other Doug Veerkamp G	eneral Engineering
Last Name	First Name	_	Name
3701 Trade Way Address	Carmeron Park	CA State	95682 Zip Code
Consulting	City	State	Zip Code
=	y's business activity (if business) or its nature and inter	ests	
in other to marked, accombe the onting	to business using (it business) of he halars and mor		
If applicable, i	identify the name of each source and the a	amount(s) received by the donor f	or this payment:
	¢	Name	\$
Name	\$ Amount	Name	Amount
	Rail Air Bus	s □ Auto □ Other	
Transportation Provider \$ Lodging Expenses	Check Applicable Box		Name of Lodging Facility \$ Total Expenses
\$	Check Applicable Box S Meal Expenses Transportation Expe		\$Total Expenses
\$S	Check Applicable Box S	Other Expenses Solution (month, day, year)	\$
\$	Check Applicable Boxis Meal Expenses Transportation Expenses	Other Expenses Solution (month, day, year) Solution (month, day, year) The payment and its agency	\$
\$ \$ Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description box of cookies	Check Applicable Box Meal Expenses Transportation Expenses Plated to travel: 1. Provide a specific description of	Other Expenses Solution (month, day, year) Solution (month, day, year) The payment and its agency	\$
\$	Check Applicable Boxe Meal Expenses Plated to travel: In. Provide a specific description of who used the payment in Section 3	Other Expenses Solution (Month, day, year) The payment and its agency 1 (See instructions)	\$
\$	Check Applicable Boxe Meal Expenses Plated to travel: Transportation Expenses Transportation	Other Expenses Solution (Month, day, year) The payment and its agency (See instructions)	\$
\$	Check Applicable Box Meal Expenses Plated to travel: In. Provide a specific description of who used the payment in Section 3 First Name	Other Expenses Solution (Month) day, year) The payment and its agency Osteon (Month) day, year) Osteon (Month) day, year) Position/Title Position/Title	\$
\$_\text{Lodging Expenses}\$ 3.1 (b) Payment(s) not re 3.2. Payment Description box of cookies 3.3. Identify the officials of the cookies Last Name Last Name	Check Applicable Boxe Meal Expenses Plated to travel: Transportation Expenses Transportation	Other Expenses Solution (Month) day, year) The payment and its agency Osteon (Month) day, year) Osteon (Month) day, year) Position/Title Position/Title	\$



ayment to Agency R	eport A Public D	ocument	PAYMENT TO AGENCY REPORT
. Agency Name		Date Stamp	California 201
Sacramento Suburban Wa	ter Dist.		Form OUI
Division, Department, or Reg	gion (if applicable)		For Official Use Only
Street Address			
3701 Marconi Ave			
Area Code/Phone Number	Email	Cl Amondment (e	xplain in comment section)
916-972-7171	feedback@sswd.org	Amendment (e	xpiairi iii comment sectiony
Agency Contact (name and title)		Date of Original Fi	ling:(month, day, year)
Dan York			(month, day, year)
Donor Name and Addre	ess	<u> </u>	
☐ Individual		Other InvoiceCloud	
Last Name	First Name	Other	Name
Address	City	Stat	e Zip Code
Consulting			
If "Other" is marked, describe the entity	s's business activity (if business) or its nature and ir	nterests.	
> 16 mar Bankin			ou fou this poursont.
if applicable,	identify the name of each source and th		or for this payment:
Name	\$	Name	\$Amount
5	Complete Sections 3.1 (a or b)		
Transportation Provider		Boxes	Name of Lodging Facility
Lodging Expenses	Meal Expenses \$ Transportation E	xpenses Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:	\$ 40	
		Dates (month, day, year)	Total Expenses
Box of cookies	n. Provide a specific description		cy purpose and use.
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Verification			
I authorized the acceptance	e of the reported payment(s) as in o	ompliance with FPPC regulati	ons.
	Dan York	General Manager	11/30/23
Signature	Print Name	Title	(month, day, year)
Comment: This treat bucke	et was provided to all staff.		
(Use this space or an attachment			
,			FPPC Form 801 (Ja

ayment to Agency Re	port A P	Public Docur	nent	PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California Q 🗸 🗸
Sacramento Suburban Wate	er Dist.			Form OU
Division, Department, or Regi	on (if applicable)	that have been a second		For Official Use Only
Street Address				
3701 Marconi Ave				
Area Code/Phone Number	Email			,
916-972-7171	feedback@sswd.org		Amendment (exp	lain in comment section)
Agency Contact (name and title)			Date of Original Filir	ng:
Dan York				(month, day, year)
Donor Name and Addres	SS			
☐ Individual			Other Domenichelli and	Associates
Last Name	First Name			Name
5180 GOlden Foothill Parkw	<u> </u>	Dorado Hills	CA	95762
Address	City		State	Zip Code
Consulting				
If "Other" is marked, describe the entity's	business activity (if business) or it	ts nature and interests.		
If applicable in	entify the name of each so	ource and the amou	unt(s) received by the donor	for this payment:
Ti application to	onary and harms of oddin oo			,
Name	\$	<u> </u>	Name	\$Amount
	1 (0 () () () ()			
Payment Information (C	omplete Sections 3.1	i (a or b), 3.2, 3	5.3)	
	Location Rail		 ☐ Auto ☐ Other	Dates (month, day, year)
Transportation Provider		ck Applicable Boxes		Name of Lodging Facility
\$ \$. Lodging Expenses	Meal Expenses Tra	ansportation Expenses	\$Other Expenses	\$ Total Expenses
·		ansportation Expenses	\$ 40.0	,
3.1 (b) Payment(s) not rela	ated to travel:	Dates	(month, day, year)	Total Expenses
	.			·
3.2. Payment Description.	Provide a specific des	scription of the	payment and its agency	y purpose and use.
Kringle Pastry				
0.0		in On alian 0.4 m		
3.3. Identify the officials w	no used the payment	in Section 3.1 (S	See instructions)	
Last Name	First Name		Position/Title	Department/Division
Last Name	First Name		Position/Title	Department/Division
Last Name	riistinaille		rosition file	Departmentibritision
Verification				
I authorized the acceptance	of the reported payment	t(s) as in complia	ince with FPPC regulation	ns.
	Dan York	, ,	General Manager	11/30/23
Signature	Print N	lame	Title	(month, day, year
_				,,, y
Comment: This treat bucket	was provided to all staff	f.		
(Use this space or an attachment f	or any additional information)			FPPC Form 801 (Jan advice@fppc.ca.

Clear Page

Payment to Agency Re	eport A Public Documen	it	PAYMENT TO AGENCY REPOR
I. Agency Name		Date Stamp	California Q 🗘 🗸
Sacramento Suburban Wate	er Dist.	, i	Form OUI
Division, Department, or Regi	on (if applicable)		For Official Use Only
Street Address		-	
3701 Marconi Ave			
Area Code/Phone Number	Email		
916-972-7171	feedback@sswd.org	Amendment (expla	ain in comment section)
Agency Contact (name and title)		Date of Original Filing):
Dan York			(month, day, year)
. Donor Name and Addres	SS		
□ ledividual	Othor	_ Michael Phillips La	ndscaping
Individual	First Name		Name
Address	City	State	Zip Code
Consulting	·		
	business activity (if business) or its nature and interests.		
If applicable, id	lentify the name of each source and the amount(s)	received by the donor f	or this payment:
	\$	Name	\$
Name	Amount	Name	Amount
Transportation Provider	Rail Air Bus Al Check Applicable Boxes	uto 🗌 Other	Name of Lodging Facility
\$ \$	Meal Expenses \$ Transportation Expenses	\$Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rela		\$ 50.0	
	Dates (month	h, day, year)	Total Expenses
basket of snacks	Provide a specific description of the pays who used the payment in Section 3.1 (See ins		purpose and use.
Last Name	First Name P	osition/Title	Department/Division
Last Name		Position/Title	Department/Division Department/Division
Last Name			
Last Name . Verification	First Name F	Position/Title	Department/Division
Last Name . Verification	First Name F of the reported payment(s) as in compliance	Position/Title	Department/Division
Last Name . Verification	First Name F of the reported payment(s) as in compliance	Position/Title	Department/Division
Last Name Verification I authorized the acceptance	First Name F of the reported payment(s) as in compliance Dan York Ge Print Name	Position/Title with FPPC regulation neral Manager	Department/Division S. 11/30/23



Payment to Agency R		Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O 1
Sacramento Suburban Wat	ter Dist.			Form OUI
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Street Address				
3701 Marconi Ave				
Area Code/Phone Number	Email		7	
916-972-7171	feedback@sswd.org	'	Amendment (expla	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 Addre	288			
		F	Restoration Manag	ement Company
☐ Individual	First Name	Other _		Name
1804 Enterprise Blvd	West Sacra	amento	CA	95691
Address	City		State	Zip Code
Consulting				
If "Other" is marked, describe the entity	's business activity (if business) or its nature an	d interests.		
If applicable,	identify the name of each source and	the amount(s) rec	eived by the donor fo	or this payment:
	\$	***************************************		\$
Name	Amount		Name	Amount
3. Payment Information (C	Complete Sections 3.1 (a or l	o), 3.2, 3.3)		
3.1 (a) Travel Payment				
, ,	Location of Travel	_	***************************************	Dates (month, day, year)
]Bus □ Auto	☐ Other	
Transportation Provider	Check Applicable	_	□ Otriei	Name of Lodging Facility
•				Φ
5 Lodging Expenses	Meal Expenses \$Transportation	 n Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:		\$ 25.00)
on (b) raymonico, nor re	atou to traver.	Dates (month, day		Total Expenses
3.2 Payment Description	n. Provide a specific descriptio	n of the navmer	at and its agency	nurnose and use
	i. Flovide a specific descriptio	ii oi tiie payillei	it and its agency	purpose and use.
Gift Bag with treats				
3.3. Identify the officials	who used the payment in Secti	on 3.1 (See instructi	ons)	
order radiating the difficulties	who adda the payment in eddt	on on toccmondon	0110)	
			- Prillian	0
Last Name	First Name	Positio	on/Title	Department/Division
Last Name	First Name	Positio	on/Title	Department/Division
				· · ·
-				
4. Verification				
I authorized the acceptance	e of the reported payment(s) as ir	n compliance with	FPPC regulations	S.
	Dan York	Genera	al Manager	11/30/23
Signature	Print Name		Title	(month, day, year)
-				
Comment: This treat bucke	et was provided to all staff.			
(Use this space or an attachment	for any additional information)			FPPC Form 801 (Jan/1

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advice@fppc.ca.gov

Payment to Agency Re	eport A Public D	ocument	PAYMENT TO AGENCY REPORT
I. Agency Name		Date Stamp	California Q 🖸 🗸
Sacramento Suburban Wate	er Dist.	Ì	Form OUI
Division, Department, or Reg	on (if applicable)		For Official Use Only
Street Address		-11-11-11-11-11-11-11-11-11-11-11-11-11	
3701 Marconi Ave			
Area Code/Phone Number	Email		
916-972-7171	feedback@sswd.org	Amendment (expl	ain in comment section)
Agency Contact (name and title)	<u> </u>	Date of Original Filin	g:(month, day, year)
Dan York			(month, day, year)
2. Donor Name and Addre	SS		
□ Individual		West Yost	
☐ Individual Last Name	First Name	. Other	Name
2020 Research Park Drive	Davis	CA	95618
Address	City	State	Zip Code
Consulting			
If "Other" is marked, describe the entity's	s business activity (if business) or its nature and i	nterests.	
If applicable is	dentify the name of each source and th	as amount(s) received by the donor	for this navment:
ii applicable, ii	dentity the name of each source and the		or this payment.
Name	\$Amount	Name	\$Amount
	omplete Sections 3.1 (a or b)		
Transportation Provider \$ Lodging Expenses	Rail Air E Check Applicable to Meal Expenses Transportation E	Boxes	Name of Lodging Facility \$ Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:	_{\$} 100	.00
(,,,,,,,,		Dates (month, day, year)	Total Expenses
Chocolate boxes (3 for	Provide a specific description each office) who used the payment in Section		purpose and use.
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
1. Verification		7.10 mm	
I authorized the acceptance	of the reported payment(s) as in o	compliance with FPPC regulation	is.
	Dan York	General Manager	11/30/23
Signature	Print Name	Title	(month, day, year)
, and the second			
Comment: This treat bucke	t was provided to all staff.		
(Use this space or an attachment	or any additional information)		EPPC Form 801 / lan/



ayment to Agency Re	port	A Public Documer	IT	PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California Q 1
Sacramento Suburban Wate	er Dist.		,	Form OUI
Division, Department, or Regi	on (if applicable)			For Official Use Only
Street Address		mil 1994	_	
3701 Marconi Ave				
Area Code/Phone Number	Email			
916-972-7171	feedback@sswd.c	org	Amendment (explain	n in comment section)
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Dan York				(month, day, year)
. Donor Name and Addres	SS			
☐ Individual		Othe	Forsgren Associate	s Inc.
Last Name	First N	lame —		Name
3110 Gold Canal Drive Suite	e C	Rancho Cordova	CA	95670
Address		City	State	Zip Code
Consulting				
If "Other" is marked, describe the entity's	s business activity (if busine	ss) or its nature and interests.		
If applicable, ic	dentify the name of ea	sch source and the amount(s)) received by the donor fo	or this payment:
		·	•	•
Name	\$	Amount	Name	Amount
. Payment Information (C	omplete Section			
•	ompiete Section	3 3.1 (a Ol D), 3.2, 3.3)		
3.1 (a) Travel Payment		ocation of Travel		Dates (month, day, year)
	۲.	ocation of mayor		Dates (Merting day) yeary
Transportation Provider	Rail	☐ Air ☐ Bus ☐ A Check Applicable Boxes	uto 🗌 Other	Name of Lodging Facility
\$\$	Meal Expenses	\$ Transportation Expenses	\$	\$ Total Expenses
Lodging Expenses	·	Transportation Expenses	Other Expenses	·
3.1 (b) Payment(s) not rel	ated to travel:		\$ 50.00	Total Expenses
		,	th, day, year)	Total Expenses
3.2. Payment Description.	. Provide a specif	ic description of the pay		
1.1 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		o accomption of the pay	ment and its agency	purpose and use.
Holiday bucket with lot	s of treats inside		ment and its agency	purpose and use.
Holiday bucket with lot	s of treats inside		ment and its agency	purpose and use.
Holiday bucket with lot	s of treats inside		ment and its agency	purpose and use.
•) .		purpose and use.
3.3. Identify the officials v) .		purpose and use.
3.3. Identify the officials v	who used the payn	nent in Section 3.1 (See in:	structions)	
•		nent in Section 3.1 (See in:		purpose and use. Department/Division
3.3. Identify the officials v	who used the payn	nent in Section 3.1 (See in:	structions)	
3.3. Identify the officials v	who used the payn	nent in Section 3.1 (See in	structions) Position/Title	Department/Division
3.3. Identify the officials v	who used the payn	nent in Section 3.1 (See in	structions)	
3.3. Identify the officials v	who used the payn	nent in Section 3.1 (See in	structions) Position/Title	Department/Division
3.3. Identify the officials v	who used the payn	nent in Section 3.1 (See in	structions) Position/Title	Department/Division
3.3. Identify the officials v	who used the payn First Name	e. nent in Section 3.1 (See in:	structions) Position/Title Position/Title	Department/Division Department/Division
3.3. Identify the officials v Last Name Last Name Last Name	who used the payn First Name	nent in Section 3.1 (See in:	structions) Position/Title Position/Title	Department/Division Department/Division
3.3. Identify the officials v Last Name Last Name Last Name	who used the payn First Name First Name e of the reported pay	nent in Section 3.1 (See in:	structions) Position/Title Position/Title with FPPC regulations	Department/Division Department/Division
Last Name Last Name Last Name Last Name Last Name Authorized the acceptance	First Name First Name First Name For the reported pay Dan York	e Expression 3.1 (See instance) Print Name	structions) Position/Title Position/Title with FPPC regulations eneral Manager	Department/Division Department/Division 3.

Clear Page