



Gift Form

To be completed and filed in accordance with the Employee and District Gift Procedure (PR – Adm 005).

> NAME OF SOURCE
EPIC Insurance

ADDRESS
12009 Foundation Place #370

BUSINESS ACTIVITY, IF ANY, OF SOURCE Gold River CA 95670

Benefit Consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/12/17</u>	<u>\$20-</u>	<u>2 movie tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

I have used all reasonable diligence in preparing this form and to the best of my knowledge the information contained herein is true and complete.

R. Yost

Employee Signature



Gift Form

To be completed and filed in accordance with the Employee and District Gift Procedure (PR – Adm 005).

* see attached sheet.

> NAME OF SOURCE
 Doug Veerkamp General Engrg. Inc.
 ADDRESS 95667
 2585 Cold Springs Rd., Placerville, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
* 12/21/2017	\$ 149.00	Jacket
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	


> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

I have used all reasonable diligence in preparing this form and to the best of my knowledge the information contained herein is true and complete.


 Employee Signature
 DANA DEAN
 12/27/2017



MEN'S APEX BIONIC 2 JACKET - UPDATED DESIGN

THE NORTH FACE
\$149.00

1023 REVIEWS

SEE PRODUCT DETAILS

TNF MEDIUM GREY HEATHER / TNF MEDIUM GREY HEATHER



SIZE - L

S

XXL

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

Individual _____ Other GM Construction

_____ Last Name _____ First Name _____ Name _____

6337 32nd Street _____ North Highlands _____ CA _____ 95660

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:

_____ 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) \$ 40.00 _____ Total Expenses

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

large tin 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.

_____ Dan York _____ General Manager _____ (month, day, year)

Signature Print Name Title

Comment:

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

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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)			

2. Donor Name and Address

Individual _____ Other GM Construction

_____ Last Name _____ First Name _____ Name

6337 32nd Street North Highlands CA 95660

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:

_____ \$ _____ 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:

_____ \$ 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.

large tin 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.

_____ Dan York _____ General Manager _____ (month, day, year)

Signature Print Name Title

Comment:

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Agency Contact (name and title)			

2. Donor Name and Address

Individual _____ Other Michael Phillips Landscape

_____ Last Name _____ First Name _____ Name _____

243 Irene Ave _____ Roseville CA 95678

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:

_____ \$ _____ 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) _____

_____ 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.

Large basket 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.

_____ Dan York _____ General Manager _____

Signature Print Name Title (month, day, year)

Comment:

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Agency Contact (name and title)			

2. Donor Name and Address

Individual _____ Other West/Yost Associates

Last Name: _____ First Name: _____ Name: _____
 2725 Riverside Blvd Ste 5 Sacramento CA 95818
 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:

_____	\$ _____	_____	\$ _____
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.

Christmas Wreath

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 _____
 Signature Print Name Title (month, day, year)

Comment:

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Area Code/Phone Number 916-972-7171	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Jim Carson Other _____
Last Name First Name Name

Sacramento CA
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:

_____	\$ _____	_____	\$ _____
<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:

_____ \$ 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.

Large basket of treats

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 _____
Signature Print Name Title (month, day, year)

Comment:

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Area Code/Phone Number 916-972-7171	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Scott Alstrom Other _____
Last Name First Name Name

Sacramento CA
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:

_____	\$ _____	_____	\$ _____
<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) \$ 100.00 Total Expenses

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

5 boxes of toffee

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 _____
Signature Print Name Title (month, day, year)

Comment:

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Agency Contact (name and title)			

2. Donor Name and Address

Individual _____ Other Quincy Engineering

Last Name: _____ First Name: _____ Name: _____
 11017 Cobblerock Dr Ste 100 Rancho Cordova CA 95670
 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:

_____	\$ _____	_____	\$ _____
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:

_____ \$ 75.00
 Dates (month, day, year) Total Expenses

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

5 tubes 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.

_____ Dan York General Manager _____
 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)			
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Area Code/Phone Number 916-972-7171	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other California Chamber

_____ Last Name _____ First Name _____ Name _____

PO Box 398342 San Francisco CA 94139

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:

_____	\$ _____	_____	\$ _____
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:

_____ \$ 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.

See Candy Gift Card

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 _____

Signature Print Name Title (month, day, year)

Comment:

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

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