

Gift Form

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

NAME OF COURSE	
> NAME OF SOURCE	> NAME OF SOURCE
EPIC Insurance	
ADDRESS	ADDRESS
12009 Foundation Place #370	
BUSINESS ACTIVITY, IF ANY, OF SOURCE GOLD RIVER CA 956	I
<i>5</i>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Benefit Consultants	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12,12,17 ,20- 2 movie tickets	
\$	\$
	\$
> NAME OF SOURCE	
NAIVE OF SOURCE	> NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	PHOINTEGO ACTIVITY IS ANY OF COURSE
BOSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	(1)
1 / •	
	\$
, ,	
\$	\$
NAME OF SOURCE	> NAME OF SOURCE
	NAME OF SOURCE
i	
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DOUNTED NOTHING IN MINI OF COUNCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	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



Gift Form

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

X see	attached sheet.	
NAME OF SOURCE	> NAME OF SOURCE	
Doug Velov Kamp Grown Brigg. Inc. ADDRESS 95647 2585 CAL Springs Pd. Placon My CA BUSINESS ACTIVITY, IF ANY, OF SOURCE		
UKS Ald Springs Od Places We CA	ADDRESS	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Contractor		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S	3)
X 12,21,2017, 149.00 Jacket	\$	
➤ NAME OF SOURCE	> NAME OF SOURCE	
ADDRESS	ADDRESS	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	\$)
	\$	
	\$,
➤ NAME OF SOURCE	> NAME OF SOURCE	
ADDRESS	ADDRESS	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	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



Payment to Agency Repo	ort A P	ublic Docu	ıment		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California O 0 4
Sacramento Suburban Water D	istrict				Form OU I
Division, Department, or Region (if applicable)				For Official Use Only
Street Address					
3701 Marconi Avenue, Sacrame	ento, Ca. 95821				
Area Code/Phone Number Em	ail			☐ Amendment (ex	xplain in comment section)
916-972-7171				_	
Agency Contact (name and title)				Date of Original Fil	ing:(month, day, year)
2. Donor Name and Address					
☐ Individual] Other	GM Construction	
Last Name	First Name		Other		Name
6337 32nd Street		th Highlands		CA	
Address	City			State	e Zip Code
If "Other" is marked, describe the entity's busi	ness activity (if business) or its	s nature and interests		And the second s	- Administrative Control of the Cont
If applicable, identi	fy the name of each sou	urce and the amo	ount(s) re	eceived by the dono	r for this payment:
	\$				\$
Name	Amount			Name	Amount
3. Payment Information (Com	plete Sections 3.1	(a or b), 3.2,	3.3)		
3.1 (a) Travel Payment				_	
	Location of	of Travel			Dates (month, day, year)
Transportation Provider	Rail A	Air Bus	☐ Auto	Other	Name of Lodging Facility
\$ \$ Me	sal Expenses Tra	ansportation Expense	\$_	Other Expenses	\$ Total Expenses
		insportation Expense:	5	\$ 40.	•
3.1 (b) Payment(s) not related	i to travei:	Date	es (month, d		Total Expenses
3.2. Payment Description. Pr	ovido a enocific dos		-		•
•	ovide a specific des	scription or the	e payme	and its agenc	y purpose and use.
large tin of cookies					
3.3. Identify the officials who	used the payment i	n Section 3.1	(See instru	ctions)	
Last Name	First Name		Posi	tion/Title	Department/Division
Last Name	First Name		Posi	ition/Title	Department/Division
					·
1. Verification					
I authorized the acceptance of the		(s) as in compli		•	ons.
	Dan York		Gene	eral Manager	
Signature	Print Na	ıme		Title	(month, day, year)
Comment:					
(Use this space or an attachment for an	y additional information)				FPPC Form 801 (Jan/14 advice@fppc.ca.go

Payment to Agency Report	A Public Docum	nent	PAYMENT TO AGENCY REPORT
1. Agency Name		Date Stamp	California On4
Sacramento Suburban Water District			Form OUI
Division, Department, or Region (if applicable)	The state of the s		For Official Use Only
Street Address	and the second s		
3701 Marconi Avenue, Sacramento, Ca. 9	95821		
Area Code/Phone Number Email	STANDARD CONTRACTOR	Amendment (evols	in in comment section)
916-972-7171		_	
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
2. Donor Name and Address			
☐ Individual	П(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 (f business) or its nature and interests.		
If applicable, identify the name	e of each source and the amou	nt(s) received by the donor fo	r this payment:
\$	Amount	Name	\$
			Amount
B. Payment Information (Complete Se	ctions 3.1 (a or b), 3.2, 3	.3)	
3.1 (a) Travel Payment	Landing of Toronto		
	Location of Travel		Dates (month, day, year)
Transportation Provider	Rail Air Bus [Check Applicable Boxes	☐ Auto ☐ Other	Name of Lodging Facility
\$ \$ Meal Expenses	Transportation Expenses	\$Other Expenses	\$ Total Expenses
		·	•
3.1 (b) Payment(s) not related to trave		\$ 40.00 month, day, year)	Total Expenses
2.2 Doymont Description Broyids as			·
3.2. Payment Description. Provide a s	pecific description of the	payment and its agency	ourpose and use.
large tin of cookies			
3.3. Identify the officials who used the	payment in Section 3.1 (S	ee instructions)	
•		·	
Last Name Fir	st Name	Position/Title	Department/Division
Last Name Fi	st Name	Position/Title	Department/Division
. Verification			
I authorized the acceptance of the reporte	d navment(s) as in complia	nce with EPPC regulations	
Dan Y		General Manager	
Signature	Print Name	Title	(month, day, year)
-			(
Comment:			
(Use this space or an attachment for any additional	intormation)		FPPC Form 801 (Jan/14 advice@fppc.ca.go

Payment to Agency Rep	ort A Public D	ocument	PAYMENT TO AGENCY REPOR
1. Agency Name		Date Stamp	California On4
Sacramento Suburban Water	District	· ·	Form OUI
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacran	nento, Ca. 95821		
Area Code/Phone Number E	mail	Amandment (eve	lain in comment section)
916-972-7171		Amendment (exp	iair in comment section)
Agency Contact (name and title)	A TOP AND A STATE OF THE STATE	Date of Original Filir	(month, day, year)
2. Donor Name and Address			
		. ☐ Other ————————————————————————————————————	andscape
☐ Individual Last Name	First Name	. U Other	Name
243 Irene Ave	Roseville	CA	95678
Address	City	State	Zip Code
If "Other" is marked, describe the entity's bu	siness activity (if business) or its nature and ir	nterests	
If applicable, iden	itify the name of each source and th	e amount(s) received by the donor	for this payment:
	\$		\$
Name	Amount	Name	Amount
Payment Information (Cor	nplete Sections 3.1 (a or b),	, 3.2, 3.3)	
3.1 (a) Travel Payment			
	Location of Travel		Dates (month, day, year)
		Bus ☐ Auto ☐ Other	
Transportation Provider	Check Applicable E		Name of Lodging Facility
\$ \$	Meal Expenses \$ Transportation Ex	xpenses Other Expenses	\$Total Expenses
			•
3.1 (b) Payment(s) not relate	ed to travel:	Dates (month, day, year)	Total Expenses
			•
3.2. Payment Description. P	Provide a specific description of	of the payment and its agency	purpose and use.
Large basket of cookies			
0			
	a wood the maximum time Coetien	24	
3.3. Identify the officials who	o used the payment in Section	3.1 (See instructions)	
Last Name	First Name	Position/Title	Department/Division
Last Name	FinalName	D(C (TVI)	D (D)
Last Name	First Name	Position/Title	Department/Division
l. Verification			
I authorized the acceptance of	the reported payment(s) as in co	ompliance with FPPC regulation	IS.
, , ,	Dan York	General Manager	
Signature	Print Name	Title	(month, day, year)
· ·			,,, , ,
Comment:			
(Use this space or an attachment for a	any additional information)		FPPC Form 801 (Jan/1- advice@fppc.ca.go

Payment to Agency Rep	ort A Public Dod	cument	PAYMENT TO AGENCY REPOR
1. Agency Name		Date Stamp	California O 0 4
Sacramento Suburban Water District		· ·	Form OUI
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address		4310-0-2-4	
3701 Marconi Avenue, Sacram	ento, Ca. 95821		
Area Code/Phone Number En	nail	Amondment (synle	ain in comment costion)
916-972-7171		Amendment (expire	ain in comment section)
Agency Contact (name and title)	1 - 1	Date of Original Filing	(month, day, year)
2. Donor Name and Address		<u>_</u>	
☐ Individual		Other West/Yost Associa	tes
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 bus	siness activity (if business) or its nature and intere	ssts.	TOTAL THE CANADA AND THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL THE CANADA AND THE C
If applicable, ident	tify the name of each source and the a	mount(s) received by the donor for	or this payment:
	\$		\$
Name	Amount	Name	Amount
3. Payment Information (Com	nplete 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	s	Name of Lodging Facility
\$\$	\$	\$	\$
Lodging Expenses M	leal Expenses		Total Expenses
3.1 (b) Payment(s) not relate		\$ 50.00	
	D	ates (month, day, year)	Total Expenses
3.2. Payment Description. Pr	rovide a specific description of t	the payment and its agency	purpose and use.
Christmas Wreath			
Cimolinas Virgali			
0.0			
3.3. Identity 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
Last Name	riistivanie	Position/Title	Department/Division
I. Verification			
	the reported resument(s) as in some	nliance with EDDC regulations	
i authorized the acceptance of t	the reported payment(s) as in com		> .
Cina about	Dan York	General Manager	
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment for a	ny additional information)		FPPC Form 801 (Jan/1
			advice@fppc.ca.go

Payment to Agency Repo	rt A Public Do	cument	PAYMENT TO AGENCY REPOR
1. Agency Name		Date Stamp	California O O
Sacramento Suburban Water District			Form OU
Division, Department, or Region (i	applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacrame	nto, Ca. 95821		
Area Code/Phone Number Ema	ail	D Amandmant/	
916-972-7171		Amendment (exp	plain in comment section)
Agency Contact (name and title)		Date of Original Fili	ng:(month, day, year)
2. Donor Name and Address			
☑ Individual <u>Jim</u>	Carson	□ Othor	
Last Name	First Name	Other	Name
	Sacramento	CA	
Address	City	State	Zip Code
If "Other" is marked, describe the entity's busin	ess activity (if business) or its nature and intere	ests.	
	y the name of each source and the a	mount(s) received by the donor	for this payment:
	\$		\$
Name	Amount	Name	Amount
. Payment Information (Comp	olete 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 Boxe		Name of Lodging Facility
\$ \$	\$	\$	\$
Lodging Expenses Mea	\$Transportation Exper	other Expenses	Total Expenses
3.1 (b) Payment(s) not related	to travel:	\$ 50.0	00
	D	lates (month, day, year)	Total Expenses
3.2. Payment Description. Pro	vide a specific description of f	the payment and its agency	purpose and use.
Large basket of treats			
Large basker of freats			
3.3. Identify the officials who t	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
. Verification			
		nlianaa with EDDC na mulation	
I authorized the acceptance of th		•	15.
	Dan York	General Manager	
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment for any	additional information)		FPPC Form 801 (Jan/1
			advice@fppc.ca.g

Payment to Agency Rep	ort A Public I	Document	PAYMENT TO AGENCY REPOR
1. Agency Name		Date Sta	mp California Q 0 4
Sacramento Suburban Water	District		Form OUI
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacran	nento, Ca. 95821		
Area Code/Phone Number E	mail	□ Amendme	nt (explain in comment section)
916-972-7171		Amename	ne (explain in comment section)
Agency Contact (name and title)		Date of Origina	al Filing:(month, day, year)
2. Donor Name and Address			
☑ Individual Scott	Alstrom	_	
Last Name	First Name		Name
	Sacramento		CA
Address	City		State Zip Code
If "Other" is marked, describe the entity's bu	siness activity (if business) or its nature and	interests.	.,
If applicable, iden	tify the name of each source and t	he amount(s) received by the d	lonor for this payment:
	<u> </u>		\$
Name	Amount	Name	Amount
3. Payment Information (Cor	nplete Sections 3.1 (a or b), 3.2, 3.3)	
3.1 (a) Travel Payment	una appendia a		
	Location of Travel		Dates (month, day, year)
Transportation Provider		Bus Auto Other	Name of Lodging Facility
\$\$	Meal Expenses \$Transportation	S Other Expenses	
		Expenses Other Expenses	,
3.1 (b) Payment(s) not relate	ed to travel:	Dates (month, day, year)	Total Expenses
2.0 Daymant Dagadation 5	Normal de la la la compansión de la contraction de		•
	rovide a specific description	of the payment and its ag	ency purpose and use.
5 boxes of toffee			
3.3. Identify the officials who	used the payment in Sectio	n 3.1 (See instructions)	
,	, ,	,	
Last Name	First Name	Position/Title	Department/Division
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Сорания
Last Name	First Name	Position/Title	Department/Division
I. Verification			
	the reported payment(s) as in	compliance with FPPC requ	lations.
	Dan York	General Manager	
Signature	Print Name	Title	(month, day, year)
Commont			
	uny additional information		
Comment: (Use this space or an attachment for a	any additional information)		FPPC Form 801 (Ja advice@fppc.c

Payment to Agency Repor	t A Public Do	cument	PAYMENT TO AGENCY REPORT
1. Agency Name		Date Stamp	California Q 0 4
Sacramento Suburban Water Dist	rict		Form OUI
Division, Department, or Region (if a	pplicable)		For Official Use Only
Street Address	1100		
3701 Marconi Avenue, Sacramen	to, Ca. 95821		
Area Code/Phone Number Email		☐ Amendment (ex	plain in comment section)
916-972-7171		_	
Agency Contact (name and title)	V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-	Date of Original Fili	ng:(month, day, year)
2. Donor Name and Address			W
☐ Individual		Other Quincy Engineeri	ng
Last Name	First Name	_	Name
11017 Cobblerock Dr Ste 100	Rancho Cordov		95670
Address	City	State	Zip Code
If "Other" is marked, describe the entity's busines	is activity (if business) or its nature and inter	ests.	v 10.0000dat
If applicable, identify	the name of each source and the	amount(s) received by the donor	for this payment:
	\$		\$
Name		Name	Amount
3. Payment Information (Compl	ete Sections 3.1 (a or b), 3	.2, 3.3)	
3.1 (a) Travel Payment			
	Location of Travel		Dates (month, day, year)
Transportation Provider			Name of Lodging Facility
\$ \$	\$ Expenses Transportation Expe	\$	\$ Total Expenses
3.1 (b) Payment(s) not related to	-	\$ 75.	Total Expenses
2.2. Decimant Description Duck			•
3.2. Payment Description. Prov	de a specific description of	the payment and its agency	y purpose and use.
5 tubes of cookies			
3.3. Identify the officials who us	sed 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 con	npliance with FPPC regulation	ns.
. same see a cooptained of the	Dan York	General Manager	
Signature	Print Name	Title	(month, day, year)
Commont			
Comment: (Use this space or an attachment for any a	idditional information)		
(out this space of all attachment for any a	aditional information)		FPPC Form 801 (Jan/14 advice@fppc.ca.go

Payment to Agency Repo	ort A Publ	ic Documer	nt	PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California O 0 4
Sacramento Suburban Water D	District			Form OUI
Division, Department, or Region	(if applicable)			For Official Use Only
Street Address	TO NOTIFICATE SHAPE AND ART A	White States	_	
3701 Marconi Avenue, Sacram	ento, Ca. 95821			
Area Code/Phone Number En	nail		[Amanda ant (auda	:-:
916-972-7171			Amendment (expla	in in comment section)
Agency Contact (name and title)	un en	***************************************	Date of Original Filing	:(month, day, year)
2. Donor Name and Address			<u> </u>	
☐ Individual			California Chamber	
Last Name	First Name	_		Name
PO Box 398342	San Frai	ncisco	CA	94139
Address	City		State	Zip Code
If "Other" is marked, describe the entity's bus	iness activity (if business) or its nature	e and interests.		
─────────────────────────────────────	ify the name of each source a	and the amount(s)	received by the donor fo	r this payment:
	\$ <u></u>			\$
Name	Amount		Name	Amount
3. Payment Information (Com	iplete Sections 3.1 (a o	or b), 3.2, 3.3)		
3.1 (a) Travel Payment				
	Location of Trave	əl		Dates (month, day, year)
	Rail Air	☐ Bus ☐ At	uto 🔲 Other	
Transportation Provider	Check Appli	cable Boxes		Name of Lodging Facility
\$ \$	\$		\$	\$
Lodging Expenses M	eal Expenses Transporta	ation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not related	d to travel:	<u></u>	\$ <u>25.00</u>	
		Dates (month	n, day, year)	Total Expenses
3.2. Payment Description. Pr	ovide a specific descript	tion of the payr	nent and its agency	ourpose and use.
See Candy Gift Card				
coo carray circ cara				
3.3. Identify the officials who	used the payment in Sec	ction 3.1 (See ins	tructions)	
Last Name	First Name	P	osition/Title	Department/Division
Last Name	First Name	P	osition/Title	Department/Division
J. Verification				
I authorized the acceptance of t	he reported payment(s) as	s in compliance	with FPPC regulations	
	Dan York	·	neral Manager	
Signature	Print Name		Title	(month, day, year)
Commont				
Comment:	w additional information			
(Use this space or an attachment for ar	iy addilional information)			FPPC Form 801 (Jan/1 advice@fppc.ca.go