

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Sacramento Suburban Water District		Date Stamp	<b>California Form 801</b> 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Heather Hernandez-Fort			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Tesco Controls, Inc.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 8440 Florin Road Sacramento CA 95828  
 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:

_____	\$ 30.00	_____	\$ _____
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  
 Check Applicable Boxes

\_\_\_\_\_ Transportation Provider \_\_\_\_\_ 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) \_\_\_\_\_ \$ \_\_\_\_\_ Total Expenses

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

Box of tangerines

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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2. Donor Name and Address

Individual \_\_\_\_\_  Other Foresgren Associates Inc.

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name

3110 Gold Canal Drive \_\_\_\_\_ 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:

_____	\$ 30.00	_____	\$ _____
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

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

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: Bucket of treats

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



# Gift Form

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

> NAME OF SOURCE Veerkamp Eng. office & Engineering

ADDRESS Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy) 12/18/18 VALUE \$100 DESCRIPTION OF GIFT(S) Cookie connection box

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

> NAME OF SOURCE Affinity Engineering

ADDRESS Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy) 12/17/18 VALUE \$60 DESCRIPTION OF GIFT(S) Gift basket

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

> NAME OF SOURCE West Yost Associates

ADDRESS Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy) 12, 4, 18 VALUE \$50 DESCRIPTION OF GIFT(S) Gift basket

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

> NAME OF SOURCE Wood Rodgers

ADDRESS Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy) 12, 19, 18 VALUE \$65.00 DESCRIPTION OF GIFT(S) Seeds candy

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

> NAME OF SOURCE ~~Wood Rodgers for Engineering~~

ADDRESS ~~Contractor~~

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy) ~~12, 19, 18~~ VALUE ~~\$65~~ DESCRIPTION OF GIFT(S) ~~Seeds~~

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

> NAME OF SOURCE Domenichini & Assoc.

ADDRESS Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy) 12, 19, 18 VALUE \$40 DESCRIPTION OF GIFT(S) Ghiradelli chocolate

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ DESCRIPTION OF GIFT(S) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ 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 \_\_\_\_\_