Payment to Agency Rep	ort A Public Do	ocument	PAYMENT TO AGENCY REPORT
I. Agency Name		Date Stamp	California 201
Sacramento Suburban Water D	District		Form OUI
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacram	ento, Ca. 95821		
Area Code/Phone Number En	nail	Amendment (evo	lain in comment section)
916-972-7171		Amendment (exp	iam in comment acciony
Agency Contact (name and title)		Date of Original Filin	(month, day, year)
Heather Hernandez-Fort			(month, day, year)
. Donor Name and Address		•	
☐ Individual		☑ Other ————————————————————————————————————	General Engineering, Inc.
Last Name	First Name	_	Name
2585 Cold Springs Road	Placerville	CA	95667 Zip Code
Address	City	State	Zip Code
If "Other" is marked, describe the entity's bus	siness activity (if business) or its nature and int	erests.	
If applicable, iden	tify the name of each source and the	e amount(s) received by the donor	for this payment:
	<u> </u>		œ.
Name	Amount	Name	Amount
3. Payment Information (Con	nplete Sections 3.1 (a or b).	3.2. 3.3)	
3.1 (a) Travel Payment	,	- · · · · · · · · · · · · · · · · · · ·	
3.1 (a) Haver Payment	Location of Travel		Dates (month, day, year)
		a DAvita DOthor	
Transportation Provider			Name of Lodging Facility
\$ \$ S	Meal Expenses \$Transportation Exp	penses SOther Expenses	\$ Total Expenses
3.1 (b) Payment(s) not relate		\$	
o (2) . ayo(0)o		Dates (month, day, year)	Total Expenses
3.2. Payment Description, P	rovide a specific description o	of the payment and its agency	purpose and use.
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3 boxes of coookies			
3.3. Identify the officials who	used the payment in Section	3.1 (See instructions)	
Scott	COdia		
Last Name	First Name	Position/Title	Department/Division
Eddi Hamo	, and that the	, •••••	_ (
Last Name	First Name	Position/Title	Department/Division
1. Verification		5-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	the reported navment(s) as in co	ampliance with EPPC regulation	ne
r authorized the acceptance of	the reported payment(s) as in co	General Manager	13.
Signature	Print Name	Title	(month, day, year)
oignature	Fint Name	ine	(month, day, year)
Comment:			
(Use this space or an attachment for a	any additional information)		FPPC Form 801 (Jan/1 advice@fppc.ca.g

Californ Sacramento Suburban Water District Date Stamp Californ Form	Use Only
Street Address Street Address 3701 Marconi Avenue, Sacramento, Ca. 95821 Amendment (explain in comment section 916-972-7171 Agency Contact (name and title) Heather Hernandez-Fort Date of Original Filling:	
Street Address 3701 Marconi Avenue, Sacramento, Ca. 95821 Area Code/Phone Number Email	
Area Code/Phone Number Email	n)
Area Code/Phone Number 916-972-7171 Agency Contact (name and title) Heather Hernandez-Fort Donor Name and Address Individual Last Name First Name Otty 1082 Sunrise Ave Roseville CA 95661 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: Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Rail Air Bus Auto Other Check Applicable Boxes	n)
Agency Contact (name and title) Date of Original Filing:	n)
Date of Original Filing: Contact (name and title) Heather Hernandez-Fort Heather Hernandez-Fort Donor Name and Address Coly State Zip Code	11)
Heather Hernandez-Fort Donor Name and Address	
Donor Name and Address	
Individual Last Name First Name Other Name Name	eat)
Individual Last Name First Name Other Name 1082 Sunrise Ave Roseville CA 95661	
Last Name 1082 Sunrise Ave Roseville CA 95661 Address City State Zip Code	
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: \$\frac{20.00}{Amount}	
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Same Samount Name Samount Samount Name Samount Name Samount Name Samount Name Samount Name Samount Name Samount S	
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Samount	
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Samount	
S 20.00 Name Nam	
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Dates (month, day	
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Dates (month, day	
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Dates (month, day	Amount
3.1 (a) Travel Payment Location of Travel	
\$\frac{1}{\text{Lodging Expenses}} \frac{1}{\text{Meal Expenses}} \frac{1}{\text{Transportation Expenses}} \frac{1}{\text{Transportation Expenses}} \frac{1}{\text{Other Expenses}} \frac{1}{\text{Total Expenses}} \frac{1}{\	
3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expens 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and bag of pistachios	nses
Dates (month, day, year) Total Expens 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and bag of pistachios	11000
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and bag of pistachios	es
bag of pistachios	use
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	
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+0x 100	
Last Name First Name Position/Title Department/	Division
Last Name First Name Position/Title Department	Division
Last Name Prist Name Position/Pitte Department	DIVISION
Verification	
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.	
Dan York General Manager Signature Print Name Title (mo	
Oignature Fint reams the fine	onth day yes
	onth, day, yea

Payment to Agency Rep	ort A Public	Document	PAYMENT TO AGENCY REPORT
. Agency Name		Date Stamp	California O 0 4
Sacramento Suburban Water	District		Form OUI
Division, Department, or Region	1 (if applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacrar	mento, Ca. 95821		
Area Code/Phone Number E	mail		
916-972-7171		Amenament (ex	plain in comment section)
Agency Contact (name and title)		Date of Original Fili	ng:(month, day, year)
Heather Hernandez-Fort			(month, day, year)
2. Donor Name and Address			
☐ Individual			
Last Name	First Name	_	Name
4318 Dudley Blvd Address	McClellan City	CA State	95652 Zip Code
Addiess	Oity	State	Zip Code
If "Other" is marked, describe the entity's bu	usiness activity (if business) or its nature ar	and interests	
	actions deliving (in backings) of the finding all	in moroso.	
If applicable, idea	•	the amount(s) received by the donor	for this payment:
	_{\$} 20.00		\$
Name	Amount	Name	Amount
B. Payment Information (Co	mpiete Sections 3.1 (a or	b), 3.2, 3.3)	
3.1 (a) Travel Payment			5.4.4
	Location of Travel		Dates (month, day, year)
Transportation Provider	Rail Air Check Applicate]Bus □ Auto □ Other	Name of Lodging Facility
\$ \$	\$ Meal Expenses Transportatio	n Expenses Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not relat		\$	·
on (a) i aymondo) not iolat		Dates (month, day, year)	Total Expenses
3.2. Payment Description. F	Provide a specific description	on of the payment and its agenc	v purpose and use.
-	-		, , ,
box of sees candy			
3.3. Identify the officials wh	o used the payment in Secti	on 3.1 (See instructions)	
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/litie	Department/Division
I. Verification			
I authorized the acceptance of		n compliance with FPPC regulatio	ns.
•	Dan York	General Manager	<u></u>
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment for	any additional information)		
(200 mile space of all attachmicht 101	any additional institutional		EDDC Form 904 / Io

Payment to Agency Repor	t A Public D	ocument	PAYMENT TO AGENCY REPORT
1. Agency Name		Date Stamp	California O 1
Sacramento Suburban Water Dis	trict	·	Form OUI
Division, Department, or Region (if a	applicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacramen	to, Ca. 95821		
Area Code/Phone Number Emai		Amondment (eve	lain in comment section)
916-972-7171		Amendment(exp	nam m comment section)
Agency Contact (name and title)		Date of Original Filin	(month, day, year)
Heather Hernandez-Fort			·
2. Donor Name and Address			
☐ Individual		✓ Other Core & Main	
Last Name	First Name	_	Name
4318 Dudley Blvd	McClellan	CA	95652
Address	City	State	Zip Code
	P. A. Office and A.	11-	
If "Other" is marked, describe the entity's busine	ss activity (if pusiness) or its nature and in	terests.	
If applicable, identify	the name of each source and the	e amount(s) received by the donor	for this payment:
	\$ <u>20.00</u>		¢
Name	Amount	Name	Amount
Transportation Provider	Rail Air B Check Applicable B	oxes	Name of Lodging Facility
Lodging Expenses Meal	Expenses Transportation Ex	Other Expenses	Total Expenses
3.1 (b) Payment(s) not related		\$	
		Dates (month, day, year)	Total Expenses
3.2. Payment Description. Pro	vide a specific description o	of the payment and its agency	purpose and use.
box of sees candy			
3.3. Identify the officials who u	sed the payment in Section	3.1 (See instructions)	
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Desition/Title	Department/Division
Lastivalle	riist Name	Position/Title	Department/Division
A 37 A 50 A 3			
4. Verification			
I authorized the acceptance of the			ns.
	Dan York	General Manager	
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment for any	additional information)		EDDC Form 801 (Jan/1

Payment to Agency Report	A Public D	ocument	PAYMENT TO AGENCY REPOR
1. Agency Name		Date Stamp	California O 0 4
Sacramento Suburban Water Distr	rict		Form OUI
Division, Department, or Region (if ap	oplicable)		For Official Use Only
Street Address			
3701 Marconi Avenue, Sacramento	o, Ca. 95821		
Area Code/Phone Number Email			
916-972-7171		Amendment (explain in comment section)
Agency Contact (name and title)		Date of Original F	iling:
Heather Hernandez-Fort			(month, day, year)
2. Donor Name and Address			
☐ Individual		☑ Other Core & Main	
Last Name	First Name	_	Name
4318 Dudley Blvd	McClellan	C,	
Address	City	Sta	te Zip Code
If "Other" is marked, describe the entity's business	a activity (if business) as its nature and it	nto costo	
ii Other is marked, describe the entity's business	s activity (ir business) or its nature and ir	nterests.	
If applicable, identify to	he name of each source and th	e amount(s) received by the done	or for this payment:
	\$\frac{20.00}{Amount}		¢
Name	Amount	Name	Amount
Transportation Provider			Name of Lodging Facility
\$ SMeal E	\$_ Expenses Transportation E	\$Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not related to	travel:	\$	
		Dates (month, day, year)	Total Expenses
3.2. Payment Description. Provi	ide a specific description (or the payment and its agen	cy purpose and use.
box of sees candy			
3.3. Identify the officials who us	ed 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	First Name First Name	Position/Title Position/Title	Department/Division Department/Division
Last Name			
Last Name 4. Verification	First Name	Position/Title	Department/Division
Last Name	First Name reported payment(s) as in c	Position/Title ompliance with FPPC regulati	Department/Division
Last Name 4. Verification	First Name	Position/Title	Department/Division
Last Name 4. Verification I authorized the acceptance of the	First Name reported payment(s) as in c Dan York	Position/Title ompliance with FPPC regulati General Manager	Department/Division ons.

Agency Name Sacramento Suburban Water District Division, Department, or Region (if applicable) Street Address 3701 Marconi Avenue, Sacramento, Ca. 95821 Area Code/Phone Number 916-972-7171		Date Stamp	California Form 801
Division, Department, or Region (if applicable) Street Address 3701 Marconi Avenue, Sacramento, Ca. 95821 Area Code/Phone Number Email			Form OU
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3701 Marconi Avenue, Sacramento, Ca. 95821 Area Code/Phone Number Email		1	For Official Use Only
Area Code/Phone Number Email			
916-972-7171		Amendment (explai	n in comment section)
		Amendment (explai	n in confinent section)
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Heather Hernandez-Fort			(, 44), 304.7
. Donor Name and Address			
☐ Individual		BEN Engineering A	dvisors
Last Name First Na	ame		Name
1082 Sunrise Ave	Roseville	CA State	95661
Address	City	State	Zip Code
If "Other" is marked, describe the entity's business activity (if business	ss) or its nature and interests.		
If applicable, identify the name of each	ch source and the amount((s) received by the donor fo	r this navment:
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\$\frac{\$20.00}{\text{Name}}	Amount	Name	\$Amount
. Payment Information (Complete Sections	s 3.1 (a or b), 3.2, 3.3)	
3.1 (a) Travel Payment		<u>.</u>	
Lo	ocation of Travel		Dates (month, day, year)
Transportation Provider	☐ Air ☐ Bus ☐ A	Auto 🗌 Other	Name of Lodging Facility
			•
\$ S Meal Expenses	\$ Transportation Expenses	\$ Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to travel:		\$	
(.,,,,	Dates (mo	onth, day, year)	Total Expenses
3.2. Payment Description. Provide a specific	c description of the pa	yment and its agency	ourpose and use.
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3.3. Identify the officials who used the paym	nent in Section 3.1 (See	instructions)	
		Position/Title	Department/Division
Last Name First Name		1 Ooklota Tiko	S S S S S S S S S S S S S S S S S S S
Last Name First Name	•		
Last Name First Name	•		
Last Name First Name Last Name First Name		Position/Title	Department/Division
		Position/Title	Department/Division
Last Name First Name		Position/Title	Department/Division
Last Name First Name . Verification			
Last Name First Name . Verification I authorized the acceptance of the reported pay	rment(s) as in complianc	e with FPPC regulations	
Last Name First Name . Verification I authorized the acceptance of the reported payed and Pork	rment(s) as in complianc	e with FPPC regulations General Manager	
Last Name First Name Verification I authorized the acceptance of the reported payed and acceptance of the reported payed by the payed and acceptance of the reported payed by the payed by the payed and the payed by the payed	rment(s) as in complianc	e with FPPC regulations	

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Department/Division
Department/Division
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