

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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Heather Hernandez-Fort			

2. Donor Name and Address

Individual _____ Other Doug Veerkamp General Engineering, Inc.

_____	_____	_____	_____
Last Name	First Name	Name	
2585 Cold Springs Road	Placerville	CA	95667
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:

_____	\$ 90.00	_____	\$ _____
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 _____

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) Total Expenses

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

3 boxes of cookies

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Scott</u>	<u>Cody</u>	_____	_____
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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Agency Contact (name and title) Heather Hernandez-Fort			

2. Donor Name and Address

Individual _____ Other BEN Engineering Advisors

Last Name: _____ First Name: _____ Name: _____
 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:

_____	\$ 20.00	_____	\$ _____
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
 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) _____ \$ _____ Total Expenses

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

bag of pistachios

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Fox</u>	<u>Tom</u>	_____	_____
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) Heather Hernandez-Fort			

2. Donor Name and Address

Individual _____ Other Core & Main

_____	_____	_____	_____
Last Name	First Name	State	Zip Code
4318 Dudley Blvd	McClellan	CA	95652
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:

_____	\$ 20.00	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____	_____	_____
Transportation Provider	Location of Travel	Dates (month, day, year)
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	_____
Check Applicable Boxes		Name of Lodging Facility
\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Total Expenses
\$ _____	\$ _____	\$ _____
Transportation Expenses	Other 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 sees candy

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) 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

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:

_____	\$ 20.00	_____	\$ _____
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
 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) _____ \$ _____ Total Expenses

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

box of sees candy

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) 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

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:

_____	\$ 20.00	_____	\$ _____
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
 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) Total Expenses

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

box of sees candy

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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PAYMENT TO AGENCY REPORT

1. 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

Email

Agency Contact (name and title)

Heather Hernandez-Fort

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

BEN Engineering Advisors

Name

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:

Name Amount Name Amount \$20.00

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

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)

Total Expenses

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

bag of pistachios

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.

Signature

Dan York

Print Name

General Manager

Title

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14) advice@fppc.ca.gov

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PAYMENT TO AGENCY REPORT

1. Agency Name

Sacramento Suburban Water District

Division, Department, or Region (if applicable)

Street Address

3701 Marconi Avenue, Suite 100

Area Code/Phone Number

(916)-972-7171

Email

Agency Contact (name and title)

Heather Hernandez-Fort

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 12/18/20 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Montgomery & Associates

Name

1970 Broadway, Suite 225

Oakland

CA

94612

Address

City

State

Zip Code

Engineering Consulting Company

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:

Coco Tutti Confections \$24.00

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

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)

\$

Total Expenses

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

Holiday gift box - Coco Tutti Chocolates

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Arenz

James

Senior Project Manager

15 - Engineering

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.

Signature

James Areniz Print Name

Sen. Project Mnggr. Title

12/18/20 (month, day, year)

Comment:

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