Payment to Agency Report  
A Public Document

1. Agency Name
City of Santa Rosa
Division, Department, or Region (if applicable)
Water Department
Street Address
69 Stony Circle
Area Code/Phone Number
707-543-4200
Email
Agency Contact (name and title)

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>716 10th Street #200</td>
<td>Sacramento</td>
</tr>
</tbody>
</table>
Address | City | State | Zip Code |

Water Conservation
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment
Sacramento, CA
Location of Travel
n/a
Transportation Provider
Rail  Air  Bus  Auto  Other
Check Applicable Boxes

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60.00</td>
<td>$195.00</td>
<td>$255.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Close</th>
<th>Colin</th>
<th>Sustainability Coordinator</th>
<th>Water Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature]
Print Name
Cost Manager
Title
Date (month, day, year)

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