

**Gift to Agency Report**

**A Public Document**

GIFT 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 Ave, Suite 100, Sacramento, CA 95821			
Area Code/Phone Number 916.972.7171	E-mail feedback@sswd.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Annette O'Leary, Manager, Administrative Services			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other TESCO Controls

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
3434 52nd Ave. Sacramento CA 95823  
 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) solicited or received by the donor for this gift:

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

**3. Payment Information**

Date and Amount of Payment (other than travel) 12/15/2009 \$ 12.00 - 1 box of mandarins  
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel \_\_\_\_\_

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Holiday Gift

Identify the officials for whom the payment was used:

Walnut Office Staff

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

**4. Verification**

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Original signed by  
Robert Roscoe

_____	<u>Robert Roscoe</u>	<u>General Manager</u>	<u>12/28/2009</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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