# Gift to Agency Report

**A Public Document**

GIFT TO AGENCY REPORT

California Form **801**

For Official Use Only

Date Stamp

**1. Agency Name**

SACRAMENTO SUBURBAN WATER DISTRICT

**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

**Agency Contact** *(name and title)*

Annette O'Leary, Manager, Administrative Services

☐ **Amendment** *(explain in comment section)*

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

**2. Donor Name and Address**

☐ Individual _____ (Last Name / First Name)

☒ Other Forsgren Associates Inc. (Name)

3110 Gold Canal Drive (Address) | Rancho Cordova (City) | CA (State) | 95670 (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)* 12/22/2009 *(month, day, year)* $ Bag full of Treats - $50.00 *(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:**

Marconi 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

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

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