Gift to Agency Report — A Public Document

GIFT TO AGENCY REPORT

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

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 Zamansky, Alex (Last Name, First Name) ☐ Other Director of Ticket Sales (Name)

4624 Ashton Drive #037337, Sacramento, CA 95864
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)* 01/25/2012 *(month, day, year)* $ 18.00 each (4 tickets) *(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:

Identify the officials for whom the payment was used:

Last Name, First Name	Title	Department/Division
West, Ian	Customer Service Representative II	Customer Service
Raftery, Mike	Distribution Operator II	Field Services/Operations

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
1/27/12 *(month, day, year)*

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