

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Running Springs Water District		Date Stamp	<b>California 801</b> Form For Official Use Only
Division, Department, or Region (if applicable) Running Springs Fire Department			
Street Address PO Box 2206/31250 Hilltop Blvd			
Area Code/Phone Number (909) 867-2630	Email rgross@runningspringswd.com	<input type="checkbox"/> Amendment (explain in comment section)  Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Ryan Gross, General Manager			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Running Springs Area Golden Oaks (Seniors)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_  
 P O Box 1018 \_\_\_\_\_ Running Springs \_\_\_\_\_ CA \_\_\_\_\_ 92382  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Senior Charity Organization

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:

Running Springs Area Golden Oaks	\$ 2,000.00	_____	\$ _____
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) \_\_\_\_\_

\_\_\_\_\_ Transportation Provider  Rail  Air  Bus  Auto  Other \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

Check Applicable Boxes

\$ \_\_\_\_\_ 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.**

**3.3. 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  
 \_\_\_\_\_ Print Name  
 \_\_\_\_\_ General Manager Title  
 \_\_\_\_\_ 07/19/19 (month, day, year)

Comment: Contribution to the Fire Department from the Running Springs Oaks Seniors

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

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