Ont to Agency Report	A Public [	Document	<b>-</b>	
1. Agency Name				GIFT TO AGENCY REPOR
PUNNING SPRING	J WATER DISTRICT	-	Date Stamp	California 801
			1	For Official Use Only
FIRE DEPARTME	ZN7			
31750 4111 500 0				
3/250 1-111 TOP BLU Area Code/Phone Number E-	Mail	CA 9132		
(9091867-7630			Amendment (expla	in in comment section)
Agency Contact (name and title)		(-d.0120.	}	
			Date of Original Filing	(month. day, year)
TONY CRAROW  2. Donor Name and Address	FIRE CHIEF			(monus day, year)
Mandividual DIETERIO Last Name	First Name	- □ Other		
6106 AMETHY	ST ST. ALTA LO			Name
Address	City	772	CA Smin	9/737 Zip Code
			State	ZID CODE
If "Other" is marked, describe the entity's bus	ness activity (if business) or its nature and ir	leresis		
If applicable, identify the name of ea				
	solice and the amount(s) solic	ited or receive	d by the donor for this	gift:
	S			
Name	Amount		Name	\$Amount
. Payment Information				Amount
Date and Amount of Payment	(27/1/22)	<b>.</b> .		
- 10 and / mount of rayment	(month, day, year)	≥ \$ <u> </u>	500	
			(Logue to whole dollars)	
Travel Payment Information (Ro	ound to whole dollars) Location of	Travel		
•				
Date(s) of Travel Transpor	tation Expenses Lodging Expenses	\$	<u> </u>	\$
Provide a specific description	on of the nature and use of	f the navme	Other Expen	ses Total Expenses
DARTIAL BURINAS	K DK Allen Den	the payme	ent for official age	ncy business:
PARTIAL PURCHAS	e or hier pow	مرد تا عدي	pry For "	dans of LIFE
Identify the officials for who	m the navment was used.			
, , , , , , , , , , , , , , , , , , , ,	m die payment was used:			
Last Name	First Name			
		Tit	le .	Department/Division
Last Name	First Name	Tit	e	Department/Division
Verification				S S P S T S T S T S T S T S T S T S T S
I have determined that it is in the intel	rests of the nannow to asset the			
I have determined that it is in the inter	csis of the agency to accept this g	ifft and use it fo	or the official agency bu	siness described above
$-\Delta S$		1		
	Gary R. Vallado	ao	2-6-1 14-5	
Signature of Agency Head or Designee	Print Name		Tilla	(month, day, year)
Comment		and the same of th	THE	(month, day, year)
Comment: (Use this space or an attach	ment for any additional information.)	A. A		
			10 T. H. F	FPPC Form 801 (June/08)
		-PF	U 1011-Free Helpline: 86	5/ASK-FPPC (866/275-3772)