

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name DIABLO WATER DISTRICT <hr/> Division, Department, or Region (if applicable) <hr/> Street Address 87 CAROL LANE, OAKLEY, CA 94561 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">Email</td> </tr> <tr> <td style="border: none;">925-625-3798</td> <td style="border: none;"></td> </tr> </table> <hr/> Agency Contact (name and title) MIKE YERAKA - GENERAL MANAGER	Area Code/Phone Number	Email	925-625-3798		Date Stamp <hr/> <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>05/18/17</u> (month, day, year)	California Form 801 For Official Use Only
Area Code/Phone Number	Email					
925-625-3798						

2. Donor Name and Address

Individual _____ Other HomeServe USA

601 Merritt 7	Norwalk	CT	06851
Address	City	State	Zip Code

HomeServe USA is an independent provider of home repair service plans.

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:

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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Isle of Palms, South Carolina May 3 - 5, 2017

Location of Travel Dates (month, day, year)

Rail Air Bus Auto Other Wild Dunes Resort

Transportation Provider Name of Lodging Facility

\$ <u>534.82</u>	\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>1,034.82</u>
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.

HomeServe USA invited a district employee of the General Manager's choosing to attend the 6th annual 2017 HomeServe Leadership Summit. HomeServe provided lodging for 2 nights and food which included 2 breakfasts, 1 lunch and 2 dinners.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>McCoy</u>	<u>Jennifer</u>	<u>Acctng Operations Mgr.</u>	<u>Office</u>
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.

	<u>Mike Yeraka</u>	<u>General Manager</u>	<u>05/18/17</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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

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