

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		RECEIVED Date Stamp MAR 20 2018 City Clerk Dept. City of San Marcos	
City of San Marcos			
Division, Department, or Region (if applicable)			
1 Civic Center Drive			
Street Address			
San Marcos, CA 92069			
Area Code/Phone Number (760) 744-1050	Email ddowden@san-marcos.net	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Doug Dowden, Stormwater Program Specialist			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 11021 Via Frontera, Suite E	First Name San Diego	<input checked="" type="checkbox"/> Other	California Filtration Specialists, LLC
	Address	City		Name CA 92127
				State Zip Code

Distributor of Stormwater Products

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:

Audrey Whitson	\$ 220.00		\$
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment	N/A	Location of Travel	Dates (month, day, year)
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility	
	Check Applicable Boxes		
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses
3.1 (b) Payment(s) not related to travel:	3/8/2018	\$ 220.00	\$ Total Expenses
	Dates (month, day, year)		Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

This is a donation for the City of San Marcos Stormwater Workshop that took place on March 7, 2018.

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

N/A	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.

		President	3/9/18
Signature	Print Name	Title	(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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Payment to Agency Report

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PAYMENT TO AGENCY REPORT

California 801

Form For Official Use Only

1. Agency Name

City of San Marcos

Division, Department, or Region (if applicable)

1 CIVIC CENTER DR.

Street Address

SAN MARCOS, CA 92009

Area Code/Phone Number

760-744-1050

Email

DDOWDEN@SAN-MARCOS.NET

Agency Contact (name and title)

Doris Dowden

Date Stamp
RECEIVED

APR 13 2018

City Clerk Dept.
City of San Marcos Amendment (explain in comment section)

Date of Original Filing: _____

(month, day, year)

2. Donor Name and Address

 Individual

Last Name

First Name

 Other

Name

3310 Terrace Lane

Oceanside

CA

92056

Address

City

State

Zip Code

Environmental Consulting

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:

\$ 320.00

Name _____ \$ _____ Name _____ \$ _____

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)

 Rail Air Bus Auto Other

Name of Lodging Facility

Transportation Provider

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.

Sponsoring the Industrial Property Owner Workshop of San Marcos

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

Title

04/09/18

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Marcos

Division, Department, or Region (if applicable)

Stormwater Division

Street Address

1 Civic Center Drive, San Marcos, CA 92069

Area Code/Phone Number

760-744-1050 x3227

Email

DDowden@san-marcos.net

Agency Contact (name and title)

Doug Dowden, Stormwater Program Specialist

Date Stamp
RECEIVED

MAR 20 2018

City Clerk Dept.
City of San MarcosCalifornia Form **801**

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 Amendment (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address** **Individual**

Last Name _____ First Name _____

 Other

Tory R. Walker Engineering

122 Civic Center Drive, Suite 206

Vista

CA 92084

Address

City

State Zip Code

Water Resources Consulting

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**

Location of Travel

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other Name of Lodging Facility

\$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses

3.1 (b) Payment(s) not related to travel: 3/8/18 \$ 220.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

TRWE contribution for food and beverages for the City of San Marcos Stormwater Workshop 3/7/18.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)Dowden Doug Stormwater Program Speci Stormwater
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

Tory R. Walker

Print Name

President

Title

03/08/18

(month, day, year)

Comment:

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

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Payment to Agency Report

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PAYMENT TO AGENCY REPORT

California
Form

801

For Official Use Only

1. Agency Name

City of San Marcos

Division, Department, or Region (if applicable)

Street Address

1 Civic Center Drive, San Marcos, CA 92069

Area Code/Phone Number

760-744-1050

Email

ddowden@san-marcos.net

Date Stamp
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MAR 28 2018

City Clerk Dept.
City of San Marcos

Agency Contact (name and title)

Douglas Dowden

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

1016 Eucalyptus Avenue

Vista

Address

City

Other

Waterlogged LLC

Name

CA 92084

State

Zip Code

Environmental Consultant - Stormwater

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
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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:

03/07/2018

\$ 220.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Donation

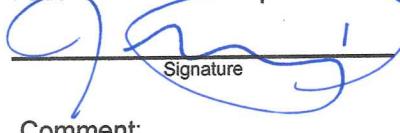
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Last Name	First Name	Position/Title	Department/Division
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Last Name	First Name	Position/Title	Department/Division
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4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	Jodi Menard	Print Name	QSD, QSP, CPSWQ, CPMSM	Title	03/26/18
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(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
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Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

1. Agency Name		Date Stamp RECEIVED APR 03 2018 City Clerk Dept. City of San Marcos
City of San Marcos		
Division, Department, or Region (if applicable)		
Street Address		
1 Civic Center Drive		
Area Code/Phone Number (760) 744-1050 x3227	Email ddowden@san-marcos.net	<input type="checkbox"/> Amendment (explain in comment section)
Agency Contact (name and title) Doug Dowden- Stormwater Program Specialist		Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 2855 Progress Pl.	First Name San Marcos	<input checked="" type="checkbox"/> Other	Downstream Services Inc.
	Address	City		Name CA 92029
				State Zip Code

General "A" Contractor - Wet utility maintenance, operation, and rehabilitation.

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

Transportation Provider	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other	Location of Travel	Dates (month, day, year)
	Check Applicable Boxes						Name of Lodging Facility
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses	\$	Total Expenses		

3.1 (b) Payment(s) not related to travel:

3/30/2018

Dates (month, day, year)

\$ 220.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Sponsor Donation- City of San Marcos Stormwater Workshop 3/7/18

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

Dowden	Doug	Stormwater Program Speci	Environmental
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.

	Wilma Roberts	President	03/26/18
Signature	Print Name	Title	(month, day, year)

Comment: City of San Marcos Stormwater Workshop 3/7/18

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Gift to Agency Report

A Public Document RECEIVED

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

1. Agency Name

City of San Marcos

Division, Department, or Region (if applicable)

Date Stamp
APR 10 2018City Clerk Dept.
City of San Marcos

Street Address

CA 92009

1 Civic Center Drive, Ste 100, San Marcos

Area Code/Phone Number

E-mail

760-744-0040

Dowden@san-marcos.net

Agency Contact (name and title)

Douglas Dowden

 Amendment (explain in comment section)Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

 Individual

Last Name

First Name

 Other

Name

9745 Prospect Ave, Suite 203, Santee, CA

92071

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:

City of San Marcos \$ 220.00 _____ Name \$ _____ Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (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:

Storm Water Workshop 3/7/18

Identify the officials for whom the payment was used:

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.

Signature of Agency Head or Designee

Jane Ledford

Print Name

President

Title

04-04-2018

(month, day, year)

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

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801
City of San Marcos		RECEIVED	For Official Use Only
Division, Department, or Region (if applicable)		APR 10 2018	
Street Address		City Clerk Dept. City of San Marcos	
1 Civic Center Drive, San Marcos CA 92069			
Area Code/Phone Number 760-744-1050	Email ddowden@san-marcos.net	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Doug Dowden			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Alta Environmental
3777 Long Beach Blvd., Annex Bldg			Long Beach	CA 90807
Address			City	State Zip Code

Environmental consulting

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	\$ 220.00	Name	\$	Amount
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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	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto
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.

STORMWATER WORKSHOP 3/7/18.

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.

	Eric Wright	Controller	04/04/18
Signature	Print Name	Title	(month, day, year)

Comment:

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