

# Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

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

Agency Contact (name and title)

Doug Dowden, Stormwater Program Specialist

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Date Stamp

MAR 20 2018

City Clerk Dept.  
City of San Marcos

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

Last Name

First Name

☒ Other

California Filtration Specialists, LLC

Name

11021 Via Frontera, Suite E

San Diego

CA

92127

Address

City

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

☐ Rail

☐ Air

☐ Bus

☐ Auto

☐ Other

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:

3/8/2018

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.

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.

*Audrey Whitson*  
Signature

AUDREY WHITSON  
Print Name

President  
Title

3/9/18  
(month, day, year)

Comment:

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

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# Payment to Agency Report

## A Public Document

PAYMENT TO AGENCY REPORT

### 1. Agency Name

City of San Marcos

Division, Department, or Region (if applicable)

1 CIVIC CENTER DR.

Street Address

SAN MARCOS, CA 92069

Area Code/Phone Number

760-744-1050

Email

DDONDEN@SAN-MARCOS.CA.GOV

Agency Contact (name and title)

DAVE DONDEN

Date Stamp  
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City of San Marcos

California **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

MVM Environmental Consulting, LLC

Name

CA

92056

State

Zip Code

3310 Terrace Lane

Oceanside

Address

City

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:

\_\_\_\_\_ \$ 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

Location of Travel

Dates (month, day, year)

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☐ Auto

☐ Other

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:

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

Todd Blanchard

Print Name

President

Title

04/09/18

(month, day, year)

Comment:

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# 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

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MAR 20 2018

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City of San Marcos

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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

Name

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

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:

3/8/18

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.

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:

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# Payment to Agency Report

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PAYMENT TO AGENCY REPORT

### 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

#### Agency Contact (name and title)

Douglas Dowden

Date Stamp  
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City of San Marcos

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Date of Original Filing: \_\_\_\_\_  
(month, day, year)

### 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Waterlogged LLC

Name

1016 Eucalyptus Avenue

Vista

CA

92084

Address

City

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

### 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  
Transportation Provider 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:

03/07/2018

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.

Donation

#### 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.

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

Comment:

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# Payment to Agency Report

## A Public Document

PAYMENT TO AGENCY REPORT

### 1. Agency Name

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

Agency Contact (name and title)

Doug Dowden- Stormwater Program Specialist

Date Stamp  
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Date of Original Filing: \_\_\_\_\_  
(month, day, year)

### 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Downstream Services Inc.

2855 Progress Pl.

San Marcos

CA

92029

Address

City

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

Location of Travel

Dates (month, day, year)

\_\_\_\_\_ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other  
Transportation Provider 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.

  
Signature

Wilma Roberts

Print Name

President

Title

03/26/18

(month, day, year)

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

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## Gift to Agency Report

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GIFT TO AGENCY REPORT

## 1. Agency Name

City of San Marcos

Division, Department, or Region (if applicable)

Date Stamp

APR 10 2018

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City Clerk Dept.  
City of San Marcos

Street Address

1 Civic Center Drive Ste 100, San Marcos CA 92069

Area Code/Phone Number

760-744-0040

E-mail

DDowden@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, San Jose CA

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

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

Print Name

Title

(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

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

Agency Contact (name and title)

Doug Dowden

Date Stamp

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City of San Marcos

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Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Alta Environmental

Name

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:

_____	\$ 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

Location of Travel

Dates (month, day, year)

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☐ Auto

☐ Other

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:

Dates (month, day, year)

\$ \_\_\_\_\_  
Total Expenses

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

STORM WATER 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.

  
Signature

Eric Wright

Print Name

Controller

Title

04/04/18

(month, day, year)

Comment:

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

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