

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Three Valleys Municipal Water District
Division, Department, or Region (if applicable)
Street Address
1021 E. Miramar Ave., Claremont, CA 91711
Area Code/Phone Number
909-621-5568
Email
mlitchfield@tvmwd.com
Agency Contact (name and title)
Matthew Litchfield, General Manager
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 10/23/2023 (month, day, year)

2. Donor Name and Address

Individual
Other Ministry of Foreign Affairs of Denmark
Last Name First Name Name
299 California Ave., Suite 200 Palo Alto CA 94306
Address City State Zip Code

The Danish Water Technology Alliance under the Ministry of Foreign Affairs of Denmark
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
Copenhagen, Denmark 9/9/23 - 9/16/23
Location of Travel Dates (month, day, year)
SAS Scandinavian Airlines Rail Air Bus Auto Other Copenhagen Strand & The Mayer
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$ 1,194.00 \$ 452.00 \$ 1,425.00 \$ 3,071.00
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.
Fact finding trip to Denmark, Water industry technology and information sharing.

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

Lang Steve Chief Operations Officer Operations
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.

Matthew H Litchfield Digitally signed by Matthew H Litchfield
Matthew Litchfield General Manager 10/23/2023
Print Name Title (month, day, year)

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

