

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

For Official Use Only

Three Valleys MWD

Division, Department, or Region (if applicable)

Street Address

1021 E. Miramar Avenue, Claremont, CA 91711

Area Code/Phone Number

909-621-5568

Email

rhansen@tvmwd.com

Agency Contact (name and title)

Richard Hansen, General Manager

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Industrial Manufacturer Council

Name

15651 Stafford Street

City of Industry

CA

91744

Address

City

State

Zip Code

Chamber of Commerce

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:

3/1/2016

Dates (month, day, year)

\$ 70.00

Total Expenses

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

IMC Executive Luncheon March 1, 2016. Purpose of attendance is promotion of intergovernment relations.

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

Bowcock

Brian

Director

Division 3

Last Name

First Name

Position/Title

Department/Division

Goytia

Carlos

Director

Division 1

Last Name

First Name

Position/Title

Department/Division

4. Verification

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

Signature

Richard Hansen

Print Name

General Manager

Title

03/02/16

(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 Three Valleys MWD		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1021 E. Miramar Avenue, Claremont, CA 91711			
Area Code/Phone Number 909-621-5568	Email rhansen@tvmwd.com	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Richard Hansen, General Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Industrial Manufacturer Council

_____ Last Name First Name _____ Name

15651 Stafford Street City of Industry CA 91744

Address City State Zip Code

Chamber of Commerce

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:

3/1/2016 \$ 35.00

Dates (month, day, year) Total Expenses

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

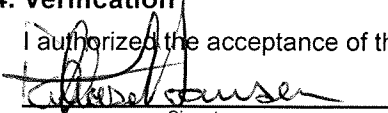
IMC Executive Luncheon March 1, 2016. Purpose of attendance is promotion of intergovernment relations.

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

<u>Horan</u>	<u>Dan</u>	<u>Director</u>	<u>Division 7</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.

 Richard Hansen General Manager 03/02/16

Signature Print Name Title (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

1. Agency Name Three Valleys Municipal Water District Division, Department, or Region (if applicable)		Date Stamp California Form 801 For Official Use Only
Street Address 1021 E. Miramar Avenue; Claremont, CA 91711		
Area Code/Phone Number 909-621-5568	Email rhansen@tvmwd.com	
Agency Contact (name and title) Richard W. Hansen, General Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 12/01/15 (month, day, year)

2. Donor Name and Address

Individual Other Industrial Manufacturers Council

Last Name: 15651 Stafford Street First Name: City of Industry Name: CA 91744
 Address: Chamber of Commerce 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) 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
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

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

12/7/2015 \$ 70.00
 Dates (month, day, year) Total Expenses

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

IMC Executive Luncheon Meeting - December 7, 2015. Purpose of attendance is promotion of intergovernmental relations.

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

Bowcock	Brian	Director	Division 3
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
Horan	Dan	Director	Division 7
_____ 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: Richard W. Hansen Print Name: Richard W. Hansen Title: General Manager Date: 12/01/15
 (month, day, year)

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