

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 Municipal Water District			
Division, Department, or Region (if applicable)			
Street Address			
1021 E. Miramar Avenue, Claremont, CA 91711			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
909-621-5568	mlitchfield@tvmwd.com		
Agency Contact (name and title)			
Matthew H. Litchfield, General Manager			

2. Donor Name and Address

☐ Individual _____ ☒ Other Accent Computer Solutions
 Last Name First Name Name
8438 Red Oak Street Rancho Cucamonga CA 91730
 Address City State Zip Code
 District Vendor
 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:

<u>Marty Kauffman</u>	\$ <u>200.00</u>		
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:

1/2/2019 \$ 200.00
 Dates (month, day, year) Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

<u>Litchfield</u>	<u>Matthew</u>	<u>General Manager</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>Matthew H. Litchfield</u>	<u>General Manager</u>	<u>01/14/19</u>
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

1. Agency Name

Three Valleys Municipal Water District

Division, Department, or Region (if applicable)

Street Address

1021 E. Miramar Avenue

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: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Anthracite Filter Media Company

Name

6326 West Blvd.

Los Angeles

CA

90043

Address

City

State

Zip Code

District Vendor

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:

\$ 100.00

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:

12/17/2018

\$ 100.00

Dates (month, day, year)

Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield

Matthew

General Manager

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

Matthew Litchfield

Print Name

General Manager

Title

01/14/19

(month, day, year)

Comment:

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Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
909-621-5568	mlitchfield@tvmwd.com		
Agency Contact (name and title)			
Matthew Litchfield, General Manager			

2. Donor Name and Address

☐ Individual _____ ☒ Other Brunick, McElhaney & Kennedy
 Last Name First Name Name
P.O. Box 13130 San Bernardino CA 92423
 Address City State Zip Code
 District Vendor _____
 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:

<u>Steve Kennedy</u>	\$ <u>470.00</u>	<u> </u>	\$ <u> </u>
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:

12/12/2018 \$ 470.00
 Dates (month, day, year) Total Expenses

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

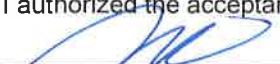
Donation to agency to subsidize retirement reception for retiring General Manager.

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

<u>Litchfield</u>	<u>Matthew</u>	<u>General Manager</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>Matthew Litchfield</u>	<u>General Manager</u>	<u>01/14/19</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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PAYMENT TO AGENCY REPORT

1. Agency Name

Three Valleys Municipal Water District

Division, Department, or Region (if applicable)

Street Address

1021 E. Miramar Avenue, 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: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Civic Publications

Name

3355 N. White Ave., #374

La Verne

CA

91750

Address

City

State

Zip Code

District Vendor

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:

Chris Lancaster

\$ 200.00

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:

12/13/18

Dates (month, day, year)

\$ 200.00

Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield

Matthew

General Manager

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

Matthew Litchfield

Print Name

General Manager

Title

01/14/19

(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

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

☐ Individual _____ ☒ Other **Civiltec Engineering**
 Last Name First Name Name
 118 W. Lime Ave. Monrovia CA 91016
 Address City State Zip Code
 District Vendor
 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:

David Byrum	\$ 470.00		
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:

12/17/18 \$ 470.00
 Dates (month, day, year) Total Expenses

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


Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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909-621-5568	mlitchfield@tvmwd.com		
Agency Contact (name and title)			
Matthew Litchfield, General Manager			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name			First Name	<input checked="" type="checkbox"/> Other	D & H Water Solutions	
	603 Seagaze Dr., #241			Oceanside		CA	92054
	Address			City		State	Zip Code

District Vendor

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:

Tom Hartwig	\$ 200.00		
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	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility	
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses
			\$ Total Expenses

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

12/20/18	\$ 200.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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Street Address 1021 E. Miramar Avenue, Claremont, CA 91711			
Area Code/Phone Number 909-621-5568	Email mlitchfield@tvmwd.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Matthew Litchfield, General Manager			

2. Donor Name and Address

<input type="checkbox"/> Individual _____ Last Name First Name		<input checked="" type="checkbox"/> Other Deloach & Associates, Inc. Name	
8780 19th St., #402		Alta Loma	
Address		City	
		CA 91701	
		State Zip Code	
District Vendor			
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:

Robert Deloach	\$ 250.00		
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	<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
\$ Total Expenses			

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

12/17/18	\$ 250.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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1. Agency Name Three Valleys Municipal Water District		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 mlitchfield@tvmwd.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Matthew Litchfield, General Manager			

2. Donor Name and Address

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	Fuertez Tractor Service, Inc.
	Last Name	First Name	Name
1150 E. 9th St.	Upland	CA	91786
Address	City	State	Zip Code

District Vendor

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:

Carlos Fuertez	\$ 400.00		
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)
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	Name of Lodging Facility
Transportation Provider		
\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Transportation Expenses
\$ _____	\$ _____	\$ _____
Other Expenses	Total Expenses	

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

12/26/18	\$ 400.00
Dates (month, day, year)	Total Expenses

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


Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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Division, Department, or Region (if applicable)			
Street Address			
1021 E. Miramar Avenue, Claremont, CA 91711			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
909-621-5568	mlitchfield@tvmwd.com		
Agency Contact (name and title)			
Matthew Litchfield, General Manager			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name			First Name	<input checked="" type="checkbox"/> Other	Name	
	1055 E. Colorado Blvd., #500			Pasadena		CA	91106
	Address			City		State	Zip Code

District Vendor

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:

John Robinson	\$ 470.00		
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	<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
		\$ Total Expenses	

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

1/10/19	\$ 470.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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

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1. Agency Name

Three Valleys Municipal Water District

Division, Department, or Region (if applicable)

Street Address

1021 E. Miramar Avenue, 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

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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

La Nueva Voz dba Southcoast Media

Name

P.O. Box 1117

Pomona

CA

91769

Address

City

State

Zip Code

District Vendor

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:

Jeff Schenckle

\$ 100.00

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:

12/10/18

Dates (month, day, year)

\$ 100.00

Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield

Matthew

General Manager

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

Matthew Litchfield

Print Name

General Manager

Title

01/14/19

(month, day, year)

Comment:

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advice@fppc.ca.gov

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909-621-5568

Email

mlitchfield@tvmwd.com

Agency Contact (name and title)

Matthew Litchfield, General Manager

Date Stamp

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

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Lagerlof, Senecal, Gosney & Kruse, LLP

Name

301 N. Lake Ave., 10th Floor

Pasadena

CA

91101

Address

City

State

Zip Code

District Vendor

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:

Jim Ciampa, Esq.

\$ 250.00

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:

12/26/18

Dates (month, day, year)

\$ 250.00

Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield

Matthew

General Manager

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

Matthew Litchfield

Print Name

General Manager

Title

01/14/19

(month, day, year)

Comment:

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Area Code/Phone Number 909-621-5568	Email mlitchfield@tvmwd.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Matthew Litchfield, General Manager			

2. Donor Name and Address

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	Lincoln Financial Group/Retirement Consulting
	Last Name First Name		Name
	18400 Vonn Karman Ave., #550	Irvine	CA 92612
	Address	City	State Zip Code

District Vendor

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:

Michael Lockwood	\$ 250.00		
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)
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> 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:

12/20/18	\$ 250.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Three Valleys Municipal Water District		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 mlitchfield@tvmwd.com		
Agency Contact (name and title) Matthew Litchfield, General Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual _____ Last Name First Name		<input checked="" type="checkbox"/> Other Michael J. Arnold & Associates, Inc. Name	
1127 11th St., #820		Sacramento CA 95814	
Address		City State Zip Code	

District Vendor

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:

Mike Arnold	\$ 300.00		
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	<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
		\$ Total Expenses	

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

12/17/18	\$ 300.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	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 Three Valleys Municipal Water District		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 mlitchfield@tvmwd.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Matthew Litchfield, General Manager			

2. Donor Name and Address

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other		Richard C. Slade & Associates, LLC	
Last Name	First Name	Name		CA	94101
14051 Burbank Blvd., #300	Sherman Oaks			State	Zip Code
Address		City		State	
District Vendor					

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:

Richard Slade	\$ 200.00		\$
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	<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
		\$ Total Expenses	

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

12/26/18	\$ 200.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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

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 Avenue, 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

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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

Stephen Doreck Equipment

Name

9075 Telegraph Rd.

Pico Rivera

CA

90660

Address

City

State

Zip Code

District Vendor

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:

Stephen Doreck

\$ 450.00

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:

12/20/18

Dates (month, day, year)

\$ 450.00

Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield

Matthew

General Manager

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

Matthew Litchfield

Print Name

General Manager

Title

01/14/19

(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 Three Valleys Municipal Water District		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 mlitchfield@tvmwd.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Matthew Litchfield, General Manager			

2. Donor Name and Address

<input checked="" type="checkbox"/> Individual	Worley	Timothy	<input type="checkbox"/> Other	
	Last Name	First Name		Name
	2649 Sweetbriar Dr.	Claremont		CA 91711
	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) received by the donor for this payment:

Timothy Worley	\$ 100.00		
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	<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
		\$ Total Expenses

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

01/02/19	\$ 100.00
Dates (month, day, year)	Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield	Matthew	General Manager	
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.

	Matthew Litchfield	General Manager	01/14/19
Signature	Print Name	Title	(month, day, year)

Comment:

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

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 Avenue, 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: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

WSP Corporate Benefits

Name

5650 El Camino Real, #207

Carlsbad

CA

92008

Address

City

State

Zip Code

District Vendor

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:

Scott Pierrat

\$ 100.00

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:

12/26/18

Dates (month, day, year)

\$ 100.00

Total Expenses

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

Donation to agency to subsidize retirement reception for retiring General Manager.

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

Litchfield

Matthew

General Manager

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

Matthew Litchfield

Print Name

General Manager

Title

01/14/19

(month, day, year)

Comment:

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

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