Payment to Agency Re	eport A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California Q 0 4
Three Valleys Municipal Wa	ter District			Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address				
1021 E. Miramar Avenue, C	Jaramont CA 01711			
Area Code/Phone Number	Email			
909-621-5568	mlitchfield@tvmwd.com		Amendment (expla	ain in comment section)
Agency Contact (name and title)	Times more extra marconi		Date of Original Filing	pr
Matthew H. Litchfield, Gene	ral Manager			(month, day, year)
2. Donor Name and Addres	SS .			
	9	CT Oth on	Accent Computer S	Solutions
☐ Individual Last Name	First Name	Ø Other		Name
8438 Red Oak Street	Rancho C	ucamonga	CA	91730
Address	City		State	Zip Code
District Vendor				
If "Other" is marked, describe the entity's	s business activity (if business) or its nature a	nd interests.		
If applicable, ic	dentify the name of each source and	d the amount(s) r	eceived by the donor fo	or this payment:
Marty Kauffman	_{\$\pi\$} 200.00			•
Name	Amount		Name	Amount
3. Payment Information (C	omplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment				
`,	Location of Travel			Dates (month, day, year)
	Rail Air	BusAut	o ☐ Other	
Transportation Provider	Check Applical	_		Name of Lodging Facility
\$\$.	\$	\$		\$
Lodging Expenses	Meal Expenses Transportation		Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:	1/2/2019 Dates (month,	\$ 200.0	Total Expenses
2.2 Downant Deparintion	Duovido o oposifio dosculptio	, ,	,	•
	Provide a specific description			•
Donation to agency to	subsidize retirement recep	tion for retirin	ig General Mana	ger.
3.3. Identify the officials w	who used the payment in Sect	ion 3.1 (See instru	ections)	
Litchfield	Matthew	General Ma	nager	
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
on and a second				•
4. Verification				
	of the reported neumant(a) as i	n compliance w	ith EDDC regulations	
authorized the acceptance	of the reported payment(s) as in	•	_	
Signature	Matthew H. Litchfield	Gene	eral Manager	01/14/19
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment for	or any additional information)			FPPC Form 801 (Jan/1
				advice@fppc.ca.go

Payment to Agency Re	eport A Public Do	cument		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California On4
Three Valleys Municipal Wa	ater District		·	Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address				
1021 E. Miramar Avenue				
Area Code/Phone Number	Email			
909-621-5568	mlitchfield@tvmwd.com		Amendment (explain	n in comment section)
Agency Contact (name and title)	THILDITICIA@tVITWA.COTT		Date of Original Filing:	
Matthew Litchfield, General	Manager		g.	(month, day, year)
. Donor Name and Addre	SS			
☐ Individual		Other	Anthracite Filter Me	
Last Name	First Name			Name
6326 West Blvd.	Los Angeles		CA	90043
Address Dietriet Van den	City		State	Zip Code
District Vendor				
If "Other" is marked, describe the entity'	s business activity (if business) or its nature and inte	erests.		
If applicable, i	dentify the name of each source and the	amount(s) re	eceived by the donor for	this payment:
	\$ 100.00			•
Name	Amount 5		Name	\$Amount
		12/17/2018 Dates (month, c	day, year) ent and its agency p	Total Expenses
3.3. Identify the officials v	who used the payment in Section 3	3.1 (See instru General Ma	-	
Last Name	First Name		ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
I authorized the acceptance	of the reported payment(s) as in cor	mpliance wi	th FPPC regulations.	
/ ///	Matthew Litchfield	•	eral Manager	01/14/19
Signature	Print Name		Title	(month, day, year)
25				, , , , ,
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 904 / Ion

Payment to Agency R	eporτ	A Public Docum	nent	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California Q04
Three Valleys Municipal Wa	ater District			Form OUI
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Street Address				
1021 E. Miramar Avenue, C	Claremont CA 91711			
Area Code/Phone Number	Email			
909-621-5568	mlitchfield@tvmwd.	com	Amendment (explai	n in comment section)
Agency Contact (name and title)	Trintorniora@:viiiva.		Date of Original Filing	
Matthew Litchfield, General	l Managor			(month, day, year)
2. Donor Name and Addre	!SS			
☐ Individual		 ✓ 0	Other Brunick, McElhaney	
Last Name	First Na	San Bernardino	CA	Name
P.O. Box 13130 Address		City	CA State	92423 Zip Code
		Oity	State	Zip Gode
District Vendor				
If "Other" is marked, describe the entity	's business activity (if business	s) or its nature and interests.		
If applicable, i	dentify the name of eac	ch source and the amour	nt(s) received by the donor fo	r this payment:
Steve Kennedy	\$ 470.00	0	.,	
Name	\$	Amount	Name	\$Amount
3. Payment Information (C	Complete Sections	31 (a or h) 32 3	3)	
	rompiete decitoris	, o. r (a or b), o.z, o.	.0)	
3.1 (a) Travel Payment	Loc	cation of Travel		Dates (month, day, year)
				, ,, ,
Transportation Provider	Rail	☐ Air ☐ Bus ☐ Check Applicable Boxes	Auto Other	Name of Lodging Facility
\$S Lodging Expenses	Meal Expenses	\$ Transportation Expenses	\$Other Expenses	\$ Total Expenses
	·		2/2018 \$ 470.0	•
3.1 (b) Payment(s) not re	lated to travel:		month, day, year)	Total Expenses
2.0. D	D			
3.2. Payment Description	. Provide a specific	aescription of the p	ayment and its agency i	ourpose and use.
Donation to agency to	subsidize retirem	ent reception for re	etiring General Manag	ger.
3.3. Identify the officials	who used the payme	ent in Section 3.1 (Se	e instructions)	
Litchfield	Matthew		al Manager	
Last Name	First Name		Position/Title	Department/Division
Edot Hamo	T HOL HAME		1 OSKOTI TIKO	Dopartirio il di Divisioni
Last Name	First Name		Position/Title	Department/Division
4. Verification				
			EDDO	
I authorized the acceptance			ice with FPPC regulations	
1111	Matthew Litch	hfield	General Manager	01/14/19
Signature	P	rint Name	Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional informat	ion)		
(_ se and space of an accomment	any additional informati	·· - ···,		FPPC Form 801 (Jan/1 advice@fppc.ca.go

oort A Public	Document		PAYMENT TO AGENCY REPORT
I.		Date Stamp	California O 1
er District		·	Form OUI
Division, Department, or Region (if applicable)			For Official Use Only
		9	
remont, CA 91711			
		Amendment (expla	in in comment section)
nlitchfield@tvmwd.com		_	
		Date of Original Filing	(month, day, year)
anager			
•			
	☑ Other	Civic Publications	
First Name		0.4	Name
			91750 Zip Code
City		State	Zip Code
volaces estility (fith volaces) as the seture as	d interests		
asiness activity (ii business) or its nature are	d Interests.		
ntify the name of each source and	the amount(s) re	eceived by the donor for	or this payment:
_{\$} 200.00			\$
Amount		Name	Amount
mplete Sections 3.1 (a or b	o), 3.2, 3.3)		
Location of Travel		-	Dates (month, day, year)
— □ Rail □ Air □	1Bus □ Auto	Other	
		-	Name of Lodging Facility
\$	\$		\$
Meal Expenses Transportation		Other Expenses	Total Expenses
ed to travel:			
	, .		Total Expenses
Provide a specific description	n of the paym	ent and its agency	purpose and use.
ubsidize retirement recept	ion for retirin	g General Mana	ger.
•			
o used the payment in Section			
	on 3.1 (See instru	ctions)	
Matthew	General Ma	nager	Department/Division
	General Ma		Department/Division
Matthew First Name	General Ma	nager	
Matthew	General Ma	nager	Department/Division Department/Division
Matthew First Name	General Ma	inagerition/Title	
Matthew First Name	General Ma	inagerition/Title	
Matthew First Name	General Ma	inager ition/Title	Department/Division
Matthew First Name First Name	General Ma Pos Pos compliance w	inager ition/Title	Department/Division
Matthew First Name First Name f the reported payment(s) as in	General Ma Pos Pos compliance w	inager ition/Title ition/Title	Department/Division
Matthew First Name First Name f the reported payment(s) as in Matthew Litchfield	General Ma Pos Pos compliance w	inager ition/Title ition/Title ith FPPC regulations eral Manager	Department/Division 5. 01/14/19
	remont, CA 91711 mail mlitchfield@tvmwd.com lanager First Name	remont, CA 91711 mail mlitchfield@tvmwd.com lanager First Name La Verne City usiness activity (if business) or its nature and interests. ntify the name of each source and the amount(s) responses mplete Sections 3.1 (a or b), 3.2, 3.3) Location of Travel Rail Air Bus Auto Check Applicable Boxes Meal Expenses Transportation Expenses seed to travel: Provide a specific description of the payments	remont, CA 91711 mail

Payment to Agency R	eport A Public	: Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California On 4
Three Valleys Municipal W	ater District		,	Form OU
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Street Address				
1021 E. Miramar Avenue, 0	Claremont CA 91711			
Area Code/Phone Number	TEmail			
909-621-5568			Amendment (explain	n in comment section)
	mlitchfield@tvmwd.com		Date of Original Filing:	
Agency Contact (name and title)			Date of Original Filling:	(month, day, year)
Matthew Litchfield, Genera	l Manager			
Donor Name and Addre	ess			
C Individual		CI Other	Civiltec Engineering	
☐ Individual ————————————————————————————————————	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 a	and interests.		
	dentify the name of each source an	d the amount(s) re	eceived by the donor for	this payment:
David Byrum	\$470.00			\$
Name	Amount		Name	Amount
Donation to agency to	lated to travel: . Provide a specific description subsidize retirement receptions.	otion for retirin	ent and its agency p ng General Manag	Total Expenses
-	who used the payment in Sect			
Litchfield	Matthew	General Ma		
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
Verification				
I authorized the acceptance	of the reported payment(s) as i	in compliance wi	ith FPPC regulations	
111	Matthew Litchfield	•	eral Manager	01/14/19
Cionativa	Print Name	——— Gene	Title	
Signature	riiii ivanie		inte	(month, day, year
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Form 904 / Ion
(Use this space or an attachment	for any additional information)			EDDC Form 904

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

Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O 0 1
Three Valleys Municipal Wa	ater District		· ·	Form OUI
Division, Department, or Reg	Division, Department, or Region (if applicable)			For Official Use Only
Street Address			-	
1021 E. Miramar Avenue, C	Claremont, CA 91711			
Area Code/Phone Number	Email		Amondmont (evel)	ain in comment section)
909-621-5568	mlitchfield@tvmwd.com		Amendment (expira	am in comment section)
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Matthew Litchfield, General	Manager			(month, day, year)
2. Donor Name and Addre	ss			
☐ Individual		Ø Other	D & H Water Soluti	ons
Last Name	First Name			Name
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 a	nd interests.		
If applicable, i	dentify the name of each source and	d the amount(s) r	eceived by the donor fo	or this payment:
Tom Hartwig	£ 200.00			¢
Name	Amount	÷—————	Name	Amount
3. Payment Information (C	complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment		,, ,		
(a, a,	Location of Travel		-3	Dates (month, day, year)
	Rail Air [∃Bus ⊟Aut	o 🗍 Other	
Transportation Provider	Check Applicat			Name of Lodging Facility
\$\$ Lodging Expenses	Meal Expenses Fransportation	n Expenses \$	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	ated to travel:	12/20/18	s 200.0	00
o (a) . a)		Dates (month,	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the paym	ent and its agency	purpose and use.
-	•			•
Donation to agency to	subsidize retirement recep	tion for retiring	ig General Manag	ger.
3.3. Identify the officials v	who used the payment in Secti	ion 3.1 (See instru	ıctions)	
Litchfield	Matthew	General Ma	anager	
Last Name	First Name	Pos	sition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
				•
4. Verification				
			'44- EDDO	
authorized the acceptance	of the reported payment(s) as it	•	•	
1/1	Matthew Litchfield	Gene	eral Manager	01/14/19
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	or any additional information)			EDDO Form 004 (1) 14
				FPPC Form 801 (Jan/1 advice@fppc.ca.go

Payment to Agency R	eport	A Public D	ocument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California On4
Three Valleys Municipal W	ater District			·	Form OUI
Division, Department, or Re	gion (if applicable)			t.	For Official Use Only
Street Address					
1021 E. Miramar Avenue,	Claremont, CA 9171	1			
Area Code/Phone Number	Email			☐ Amondment (eve	lain in comment section)
909-621-5568	mlitchfield@tvmwd	d.com			
Agency Contact (name and title)				Date of Original Filir	(month, day, year)
Matthew Litchfield, Genera					
2. Donor Name and Addre	ess			Dalasah 8 Assasi	etas lus
Individual	First N	lama	. 🕜 Other	Deloach & Associ	Name
8780 19th St., #402	FIISUN	Alta Loma		CA	91701
Address		City		State	Zip Code
District Vendor					
If "Other" is marked, describe the entity	y's business activity (if busines	ss) or its nature and in	nterests.		
If applicable	identify the name of ea	ch source and th	ne amount(s) r	eceived by the donor	for this payment:
Robert Deloach	250.0	_	io amount(o) i	occived by the defici	Tor tine paymont.
Name		Amount		Name	Amount
3. Payment Information (Complete Section	s 3 1 (a or h)	3 2 3 3)		
3.1 (a) Travel Payment		o o (a o. b),	, 0.2, 0.0,		
3.1 (a) Havel Fayillent	Lo	ocation of Travel		->	Dates (month, day, year)
	CI Deil			- D0than	
Transportation Provider	Rail	☐ Air ☐ E Check Applicable E	_	o □ Other	Name of Lodging Facility
\$ Lodging Expenses	\$Meal Expenses	\$ Transportation E	xpenses \$	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		12/17/18	_{\$} 250	.00
(, ,			Dates (month,	day, year)	Total Expenses
3.2. Payment Description	n. Provide a specifi	c description	of the paym	ent and its agency	purpose and use.
Donation to agency to	subsidize retirem	ent recentio	n for retirir	og General Mana	aner
Donation to agency to	Subsidize retiren	ient receptio	iii loi retiili	ig General Marie	agor.
3.3. Identify the officials	who used the navir	ent in Section	1 3 1 (Coo instr	uotiona)	
Litchfield	Matthew	ient in dection	General Ma		
Last Name	First Name			ition/Title	Department/Division
Last Name	First Name		- Dec	-W (T/H)-	December of IDE Services
Last Name	First Name	•	Pol	sition/Title	Department/Division
	a of the reperted new	mant(a) aa in a	amalianaa uu	ith EDDC requision	
I authorized the acceptance	D. C.	, ,	•	-	
Signature	Matthew Lite	ChfleId Print Name	Gene	eral Manager Title	01/14/19 (month, day, year)
- Oignature	ŀ	mit Name		riue	(month, day, year)
Comment:					
(Use this space or an attachment	for any additional informa	ition)			FPPC Form 801 (Jan/1 advice@fppc.ca.go

	Claremont, CA 91711 Email mlitchfield@tvmwd.com		Date Stamp Amendment (explain Date of Original Filing: Fuertez Tractor Serence CA State	vice, Inc. Name 91786 Zip Code
Street Address 1021 E. Miramar Avenue, (Area Code/Phone Number 909-621-5568) Agency Contact (name and title) Matthew Litchfield, General Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	Claremont, CA 91711 Email mlitchfield@tvmwd.com I Manager PSS First Name Upland City T's business activity (if business) or its nature and identify the name of each source and identify the identify the identification is a source and identification is	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	Form For Official Use Only In in comment section) Image: (month, day, year) Vice, Inc. Name 91786 Zip Code
Street Address 1021 E. Miramar Avenue, Garea Code/Phone Number 909-621-5568 Agency Contact (name and title) Matthew Litchfield, General Donor Name and Address Individual Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	Claremont, CA 91711 Email mlitchfield@tvmwd.com I Manager Ess First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identify the name of each source and identify the identify the identify the identification is a source and identify the identification is a source and identify the identification is a source and ident	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	n in comment section) (month, day, year) vice, Inc. Name 91786 Zip Code
1021 E. Miramar Avenue, Garea Code/Phone Number 909-621-5568 Agency Contact (name and title) Matthew Litchfield, General Donor Name and Addre Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	Email mlitchfield@tvmwd.com I Manager SSS First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is a source and identify the identification is a source and identify the identification is a source and identification is a so	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
1021 E. Miramar Avenue, Garea Code/Phone Number 909-621-5568 Agency Contact (name and title) Matthew Litchfield, General Donor Name and Addre Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	Email mlitchfield@tvmwd.com I Manager SSS First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is a source and identify the identification is a source and identify the identification is a source and identification is a so	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
Area Code/Phone Number 909-621-5568 Agency Contact (name and title) Matthew Litchfield, General Donor Name and Addre Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	Email mlitchfield@tvmwd.com I Manager SSS First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is a source and identify the identification is a source and identify the identification is a source and identification is a so	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
Area Code/Phone Number 909-621-5568 Agency Contact (name and title) Matthew Litchfield, General Donor Name and Addre Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	Email mlitchfield@tvmwd.com I Manager SSS First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is a source and identify the identification is a source and identify the identification is a source and identification is a so	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
909-621-5568 Agency Contact (name and title) Matthew Litchfield, General Donor Name and Addre Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	mlitchfield@tvmwd.com I Manager SSS First Name Upland City T's business activity (if business) or its nature and identify the name of each source and identify the identify the name of each source and identify the identification is a source and identify the identification is a source and identify the identification is a source and id	nd interests.	Date of Original Filing: Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
Agency Contact (name and title) Matthew Litchfield, General Donor Name and Addre Individual Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is the identification of the identification o	nd interests.	Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
Matthew Litchfield, General Donor Name and Addre Individual Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is a source and identify the name of each source and identify the name of each source and identify the identification is a source and identify the identification is a source and identify the identification is a source and iden	nd interests.	Fuertez Tractor Ser CA State	vice, Inc. Name 91786 Zip Code
Donor Name and Addre	First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification identif	nd interests.	CA State	Name 91786 Zip Code
Individual Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity Carlos Fuertez Name	First Name Upland City 's business activity (if business) or its nature and identify the name of each source and identify the identification is the identification of the identification o	nd interests.	CA State	Name 91786 Zip Code
Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity If applicable, Carlos Fuertez Name	Upland City r's business activity (if business) or its nature and identify the name of each source and identify the identification identification identify the identification identi	nd interests.	CA State	Name 91786 Zip Code
Last Name 1150 E. 9th St. Address District Vendor If "Other" is marked, describe the entity If applicable, Carlos Fuertez Name	Upland City r's business activity (if business) or its nature and identify the name of each source and identify the identification identification identify the identification identi	nd interests.	State	91786 Zip Code
District Vendor If "Other" is marked, describe the entity If applicable, Carlos Fuertez Name	City 's business activity (if business) or its nature and identify the name of each source and		State	Zip Code
District Vendor If "Other" is marked, describe the entity If applicable, Carlos Fuertez Name	r's business activity (if business) or its nature and identify the name of each source and			
If "Other" is marked, describe the entity If applicable, Carlos Fuertez Name	identify the name of each source and		eceived by the donor fo	r this payment:
Carlos Fuertez Name	identify the name of each source and		eceived by the donor fo	r this payment:
Carlos Fuertez Name		d the amount(s) re	eceived by the donor fo	r this payment:
Carlos Fuertez Name		, ,	•	
Name	\$Amount			
Payment Information (-	Name	Amount
rayment information (Complete Sections 3 1 /2 or	h) 2 2 2 2)		
Transportation Provider	Check Applicat	•	o □ Other	Name of Lodging Facility
Lodging Expenses	Meal Expenses STransportation	n Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re		12/26/18	\$ 400.0	0
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	n. Provide a specific description	n of the paym	ent and its agency p	ourpose and use.
•				-
Donation to agency to	subsidize retirement recep	uon toi retiriri	ig General Manag	jer.
3.3. Identify the officials	who used the payment in Secti	ion 3.1 (See instru	uctions)	
Litchfield	Matthew	General Ma	nager	
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Page	sition/Title	Department/Division
Last Ivanie	rust Name	Pus	sition/ fitte	Department/Division
Verification				
I authorized the acceptance	e of the reported payment(s) as in	n compliance wi	ith FPPC regulations.	
/ M	Matthew Litchfield	Gene	eral Manager	01/14/19
Signature	Print Name		Title	(month, day, year)
Comment:	for any additional information)			

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14/19
month, day, year)
14/

Payment to Agency R	eport	A Public I	Document		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California On4
Three Valleys Municipal Wa	ater District			·	Form OUI
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Street Address					
1021 E. Miramar Avenue, C	Claremont, CA 9171	1			
Area Code/Phone Number	Email			Amendment (expl	ain in comment section)
909-621-5568	mlitchfield@tvmwe	d.com		_	·
Agency Contact (name and title)				Date of Original Filing	g:(month, day, year)
Matthew Litchfield, General	l Manager				(, 22,, , 22,,
2. Donor Name and Addre	ess				
☐ Individual			_ Ø Other	La Nueva Voz dba	Southcoast Media
Last Name	First N		_	CA	Name 04760
P.O. Box 1117 Address		Pomona		CA State	91769 Zip Code
		City		State	Zip Gode
District Vendor	J. L	> !t t			
If "Other" is marked, describe the entity	s business activity (ii busine	ess) or its nature and	interests.		
	dentify the name of ea	ach source and t	the amount(s) re	eceived by the donor f	or this payment:
Jeff Schenckle	_e 100.0	00			•
Name	——	Amount		Name	Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment					
· · · · · · · · · · · · · · · · · · ·	L	ocation of Travel		-	Dates (month, day, year)
		□ Air □	Bus	o □ Other	
Transportation Provider		Check Applicable			Name of Lodging Facility
\$\$Lodging Expenses	Meal Expenses	\$ Transportation	\$.	Other Expenses	\$ Total Expenses
	·	Transportation	12/10/18	\$ 100.	•
3.1 (b) Payment(s) not re	lated to travel:		Dates (month, o		Total Expenses
2.2 Poumont Deceription	Drovido e enceifi	ia daganintian	,		·
3.2. Payment Description	· ·	•			
Donation to agency to	subsidize retiren	nent reception	on for retirin	ig General Mana	ger.
3.3. Identify the officials v	who used the payn	nent in Sectio	n 3.1 (See instru	ictions)	
Litchfield	Matthew		General Ma	ınager	
Last Name	First Name			ition/Title	Department/Division
LockNows	Et Marie				D () () ()
Last Name	First Name	e	Pos	sition/Title	Department/Division
4. Vaniši a sti a n					
1. Verification	Safetta			:4L EDDO	_
I authorized the acceptance			•	•	
/ nu	Matthew Lite		Gene	eral Manager	01/14/19
Signature		Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment	for any additional informa	ation)			EDDA E ATTICLE
	•	,			FPPC Form 801 (Jan advice@fppc.ca.g

ayment to Agency Re	eport A Public	Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California 201
Three Valleys Municipal Wa	iter District			Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address				
1021 E. Miramar Avenue, C	laremont. CA 91711			
Area Code/Phone Number	Email			
909-621-5568	mlitchfield@tvmwd.com		Amendment (explai	n in comment section)
Agency Contact (name and title)	Times more granders		Date of Original Filing	
Matthew Litchfield, General	Manager			(month, day, year)
. Donor Name and Addre	SS		waterstood engine attributer app	0.14 1.15
☐ Individual		Ø Other	Lagerlof, Senecal, C	Gosney & Kruse, LLP
Last Name	First Name		CA	Name 91101
301 N. Lake Ave., 10th Floo	or Pasadena City		State	Zip Code
	Oity		State	Lip 0000
District Vendor	- Andrews Committee Commit	ad interests		
If "Other" is marked, describe the entity	s business activity (if business) or its nature ar	na interests.		
If applicable, i	dentify the name of each source and	the amount(s) r	eceived by the donor fo	r this payment:
Jim Ciampa, Esq.	\$ 250.00			rh .
Name	Amount		Name	Amount
Payment Information (C	Complete Sections 3.1 (a or	h) 3 2 3 3)		
•	omplete deduction of the con-	2,, 0.2, 0.0,		
3.1 (a) Travel Payment	Location of Travel		_	Dates (month, day, year)
Transportation Provider	Rail Air Check Applicat]Bus ∐Aut	o 🗌 Other	Name of Lodging Facility
	Check Applicat	ole boxes		
\$\$Lodging Expenses	Meal Expenses Transportation	n Evnenses \$	Other Expenses	\$ Total Expenses
	(117-10-40-10-10-1	12/26/18	\$ 250.0	
3.1 (b) Payment(s) not re	lated to travel.	Dates (month,		Total Expenses
2.2 Boumont Description	. Provide a specific description	, ,		nurnose and use
Donation to agency to	subsidize retirement recep	tion for retirir	ng General Mana(ger.
3.3. Identify the officials	who used the payment in Sect	ion 3.1 (See instru	uctions)	
Litchfield	Matthew	General Ma	anager	
Last Name	First Name		sition/Title —	Department/Division
Last Name	Histinanio			
Last Name	First Name	Po	sition/Title	Department/Division
. Verification				
		m aamanlianas :-	ith EDDC regulations	
authorized the acceptance	of the reported payment(s) as i			
1 m	Matthew Litchfield	Gen	eral Manager	01/14/19
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			EDBO E 2017
,				FPPC Form 801 (Jan

Payment to Agency R	leport	A Public Do	cument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California O O A
Three Valleys Municipal W	ater District				Form OUI
Division, Department, or Re				\$	For Official Use Only
Street Address					
1021 E. Miramar Avenue,	Claremont, CA 9171	1			
Area Code/Phone Number	Email				
909-621-5568	mlitchfield@tvmw	d.com		Amendment (exp	plain in comment section)
Agency Contact (name and title)				Date of Original Filin	
Matthew Litchfield, Genera					(month, day, year)
2. Donor Name and Addre					
L. DONOI Name and Addit	733			Lincoln Financial	Group/Retirement Consultin
☐ Individual	First N	Jame	Other	- Lincoln Financial	Name
18400 Vonn Karman Ave.,		Irvine		CA	92612
Address		City		State	Zip Code
District Vendor					
If "Other" is marked, describe the entity	y's business activity (if busine	ess) or its nature and inter	ests		
8 11	identify the name of ea	ach source and the	amount(s) re	eceived by the donor	for this payment:
Michael Lockwood	\$ 250.0	00			\$
Name		Amount		Name	Amount
3. Payment Information (0	Complete Section	s 3.1 (a or b), 3	.2, 3.3)		
3.1 (a) Travel Payment					
	i.	ocation of Travel		-	Dates (month, day, year)
	Rail	☐ Air ☐ Bus	s	o	
Transportation Provider		Check Applicable Box	_	O LI Other	Name of Lodging Facility
\$S Lodging Expenses	Meal Expenses	\$ Transportation Expe	\$.	Other Expenses	\$Total Expenses
	·		12/20/18	\$ 250	'
3.1 (b) Payment(s) not re	lated to travel:		Dates (month, o		Total Expenses
2.2. Doumont Decemention	- Dunido o onocif		,		•
3.2. Payment Description	-			-	•
Donation to agency to	subsidize retiren	nent reception	for retirin	g General Mana	ager.
3.3. Identify the officials	who used the payn	nent in Section 3	.1 (See instru	ctions)	
Litchfield	Matthew		eneral Ma		
Last Name	First Name			ition/Title	Department/Division
Last Hamb	i iist ivanie	-	103	mon/mie	Department/Division
Last Name	First Name	e	Pos	ition/Title	Department/Division
I authorized the acceptance			•	_	ns,
- pa	Matthew Lite	chfield	Gene	eral Manager	01/14/19
Signature		Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment	for any additional informa	ation)			
,		,			FPPC Form 801 (Jan/1 advice@fppc.ca.go

Payment to Agency Re	eport A Pu	blic Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O A
Three Valleys Municipal Wa	ater District	· ·	Form OUI	
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1021 E. Miramar Avenue, C	laremont, CA 91711			
Area Code/Phone Number	Email		Amendment (explain	ain in comment section)
909-621-5568	mlitchfield@tvmwd.com		-	·
Agency Contact (name and title)			Date of Original Filing	g:(month, day, year)
Matthew Litchfield, General				
2. Donor Name and Addre	SS		There are assume our an average a	
Individual Last Name	F'. (N		Michael J. Arnold 8	
1127 11th St., #820	First Name	imento	CA	Name 95814
Address	City	inicito	State	Zip Code
District Vendor				·
If "Other" is marked, describe the entity'	s business activity (if business) or its na	ature and interests.		
If applicable in	dentify the name of each source	ce and the amount(s) r	eceived by the donor f	or this navment:
Mike Arnold	\$ 300.00	c and the amount(e) i	cocived by the donor i	or tine payment.
Name	\$Amount		Name	\$
3. Payment Information (C	complete Sections 3.1 (a or b), 3,2, 3,3)		
3.1 (a) Travel Payment		2 01 27, 012, 0107		
o. i (a) ilaveli ayıllent	Location of T	ravel	→ 2 ≥	Dates (month, day, year)
	Rail	☐ Bus ☐ Aut	o □ Other	
Transportation Provider		pplicable Boxes	o 🗀 Other	Name of Lodging Facility
\$\$ Lodging Expenses	Meal Expenses \$Transp	portation Expenses	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel		12/17/18	\$ 300.	00
(.,		Dates (month,	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific desci	ription of the paym	ent and its agency	purpose and use.
Donation to agency to	subsidize retirement re	ception for retirin	ng General Mana	ner
Demander to agoney to			ig Conciai Mana	901.
3.3. Identify the officials v	vho used the payment in:	Section 3.1 (See instru	ictions)	
Litchfield	Matthew	General Ma		
Last Name	First Name		sition/Title	Department/Division
Last Name	First Name		True True	D (1/D) : :
Lastinanie	First Name	Pos	sition/Title	Department/Division
4. Verification				
	of the reported neumant(s)		ith EDDOleties	_
I authorized the acceptance		•	-	
Signature	Matthew Litchfield Print Name		eral Manager Title	01/14/19 (month, day, year)
oignatule	Fillit Name	•	nue	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			FPPC Form 801 (Jan/18 advice@fppc.ca.gov

Payment to Agency Re	port	A Public Do	ocument		PAYMENT TO AGENCY REP
1. Agency Name				Date Stam	California
Three Valleys Municipal Water District				Form OU	
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1021 E. Miramar Avenue, C	laremont, CA 9171	1			
Area Code/Phone Number	Email			☐ Amendment	(explain in comment section)
909-621-5568	mlitchfield@tvmwd	d.com		Americanena	(SAPIGITITI COMMISSING SCOURT)
Agency Contact (name and title)				Date of Original	Filing:(month, day, year)
Matthew Litchfield, General	Manager				(month, day, your)
2. Donor Name and Addre	SS				
□ Individual			C Otto ou	Richard C. Sla	de & Associates, LLC
☐ Individual Last Name	First N	lame	Other		Name
14051 Burbank Blvd., #300		Sherman Oaks	S	(CA 94101_
Address		City		S	tate Zip Code
District Vendor					
If "Other" is marked, describe the entity's	s business activity (if busine	ss) or its nature and into	erests.		
If applicable, is	lantify the name of on	ich course and the	omount(c) r	sociaced by the de	nor for this novement:
Richard Slade	dentify the name of ea		aniouni(s) i	eceived by the do	nor for this payment.
Name	\$ <u></u> \$	Amount		Name	\$
				ivame	Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b),	3.2, 3.3)		
3.1 (a) Travel Payment					
	Lo	ocation of Travel			Dates (month, day, year)
Transportation Provider	Rail	☐ Air ☐ Bu Check Applicable Bo		Other _	Name of Lodging Facility
\$\$. Lodging Expenses	Meal Expenses	\$ Transportation Exp	s. S. S.	Other Expenses	\$Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		12/26/18	\$ 2	200.00
, , , , , , , , , , , , , , , , , , , ,			Dates (month, o	lay, year)	Total Expenses
3.2. Payment Description.	Provide a specifi	c description o	f the payme	ent and its age	ncy purpose and use.
Donation to agency to	_	•			
Donation to agency to	Subsidize retiren	ient reception	i ioi içaini	g Ochciai Ma	anagor.
3.3. Identify the officials v					
Litchfield	Matthew		General Ma	nager	
Last Name	First Name		Pos	ition/Title	Department/Division
Last Name	First Name		Pos	ition/Title	Department/Division
2351.14.11.5	THOCHANIC	•	1 00	ition, (itio	Departmentovision
4. Verification					
I authorized the acceptance	of the reported pay	ment(s) as in co	mpliance wi	th FPPC regula	tions.
M	Matthew Lite	chfield	Gene	eral Manager	01/14/19
Signature		Print Name		Title	(month, day, yea
0					
Comment:	or any additional info	ation)	_		
(Use this space or an attachment f	or any additional informa	iuori)			FPPC Form 801 (Ja advice@fppc.ca

Payment to Agency F	Report	A Public Doc	ument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California O 0 1
Three Valleys Municipal Water District					Form OUI
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1021 E. Miramar Avenue,	Claremont, CA 9171	1			
Area Code/Phone Number	Email			Amendment (ex	olain in comment section)
909-621-5568	mlitchfield@tvmw	d.com			
Agency Contact (name and title				Date of Original Fili	ng:(month, day, year)
Matthew Litchfield, Genera	al Manager				
2. Donor Name and Addr	ess				
☐ Individual		-	☑ Other	Stephen Doreck B	Equipment
Last Name	First N	lame	Z Otiliei	-	Name
9075 Telegraph Rd.		Pico Rivera		CA	90660
Address		City		State	Zip Code
District Vendor					
If "Other" is marked, describe the entity	y's business activity (if busine	ss) or its nature and interes	ts.		
If annlicable	identify the name of ea	ich source and the an	nount(e) r	aceived by the donor	for this navment:
Stephen Doreck	450.0		iount(s) it	eceived by the dollor	ior this payment.
Name	\$ 450.0	Amount		Name	\$
	0		0.01	Name	Allogit
3. Payment Information (Complete Section	s 3.1 (a or b), 3.2	., 3.3)		
3.1 (a) Travel Payment		· · · · · · · · · · · · · · · · · · ·		-	
	L	ocation of Travel			Dates (month, day, year)
Transportation Provider	Rail	☐ Air ☐ Bus Check Applicable Boxes	☐ Auto	Other	Name of Lodging Facility
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expens	_ \$.	Other Expenses	\$Total Expenses
3.1 (b) Payment(s) not re	·	Comment of the Commen	2/20/18	s 450	•
3.1 (b) Fayineit(s) not re	cialed to traver.		tes (month, d		Total Expenses
3.2. Payment Description	n Provide a enecifi		•		•
	•	-		-	
Donation to agency to	subsidize retiren	nent reception fo	r retirin	ig General Mana	ager.
3.3. Identify the officials	who used the payn	nent in Section 3.1	(See instru	ctions)	
Litchfield	Matthew	Ge	neral Ma	nager	
Last Name	First Name			ition/Title	Department/Division
					·
				455 594	
Last Name	First Name		Pos	sition/Title	Department/Division
4. Verification					
I authorized the acceptance	e of the reported nav	ment(s) as in comp	liance wi	ith EDDC regulation	ne
. dationzed the acceptation	Matthew Lite			-	
Signature		CNTICIO Print Name	- Gene	eral Manager Title	01/14/19 (month day year)
- Oignature		i ilik Nalije		rue	(month, day, year)
Comment:					
(Use this space or an attachment	for any additional informa	ation)			FPPC Form 801 (Jan/18
					advice@fppc.ca.go

Payment to Agency R	eport A Public	c Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O 4
Three Valleys Municipal W	ater District		,	Form OUI
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1021 E. Miramar Avenue, C	Claremont, CA 91711			
Area Code/Phone Number	Email		Amendment (expla	ain in comment section)
909-621-5568	mlitchfield@tvmwd.com			
Agency Contact (name and title)			Date of Original Filing]:(month, day, year)
Matthew Litchfield, General				
2. Donor Name and Addre				
☑ Individual Worley	Timothy First Name	Other		Name
2649 Sweetbriar Dr.	Claremon	nt	CA	91711
Address	City	T.	State	Zip Code
If "Other" is marked, describe the entity	's business activity (if business) or its nature	and interests.		
If applicable, i	dentify the name of each source ar	nd the amount(s) re	eceived by the donor fo	or this payment:
Timothy Worley	\$ 100.00			or and paymona
Name	\$Amount		Name	\$
3. Payment Information (C	Complete Sections 3.1 (a or	r b) 3 2 3 3)		
3.1 (a) Travel Payment	rompiete decisions c.1 (a ci	5, 0.2, 0.0,		
J. I (a) Travel Fayinelli	Location of Travel		-	Dates (month, day, year)
		☐ Bus ☐ Aut	o	
Transportation Provider	Check Applica		o 🗆 Other	Name of Lodging Facility
\$\$ Lodging Expenses	Meal Expenses \$Transportat	tion Expenses \$.	Other Expenses	\$Total Expenses
3.1 (b) Payment(s) not re		01/02/19	\$ 100.0	00
orr (b) r dymondo, not ro	idea to traver.	Dates (month,		Total Expenses
3.2. Payment Description	. Provide a specific descripti	ion of the payme	ent and its agency	purpose and use.
	subsidize retirement recep			
Donation to agency to	subsidize retirement recep	puon loi reunin	ig General Mana	yer.
3.3 Identify the officials	who used the payment in Sec	tion 3.1 (Ozzásza)		
Litchfield	Matthew	General Ma	•	
Last Name	First Name		ition/Title	Department/Division
Last Name	First Name	- Pee	ikion (Titto	Dana dana ad/Districa
Last Hallie	FIISTNAME	Pos	sition/Title	Department/Division
4. Verification				
	of the reported payment(s) as	in compliance w	ith EDDC regulations	
authorized the acceptance	of the reported payment(s) as Matthew Litchfield	•	-	
Signature	Print Name	Gene	eral Manager	01/14/19 (month day year)
Signature	Plint name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	or any additional information)			FPPC Form 801 (Jan/18 advice@fppc.ca.gov

Payment to Agency Re	eport /	A Public Doc	ument		PAYMENT TO AGENCY REP
1. Agency Name				Date Stamp	California o n
Three Valleys Municipal Water District				·	Form OU
Division, Department, or Region (if applicable)					For Official Use Only
Street Address					
1021 E. Miramar Avenue, C	Claremont, CA 91711				
Area Code/Phone Number	Email			Amendment	(explain in comment section)
909-621-5568	mlitchfield@tvmwd.	com		_	
Agency Contact (name and title)				Date of Original F	Filing:(month, day, year)
Matthew Litchfield, General	Manager				
2. Donor Name and Addre	ss			W)	
☐ Individual			7] Other	WSP Corporate	e Benefits
Last Name	First Na	me			Name
5650 El Camino Real, #207		Carlsbad			CA 92008
		City		St	ate Zip Code
District Vendor If "Other" is marked, describe the entity'	- husings outlide. Of husings	\			
ir Other is marked, describe the entity	s business activity (if business) or its nature and interes	is.		
If applicable, i	dentify the name of eac	h source and the am	nount(s) r	eceived by the dor	nor for this payment:
Scott Pierrat	_e 100.00)			¢
Name	A	mount		Name	Amount
3. Payment Information (C	omplete Sections	3.1 (a or b), 3.2	, 3.3)		
3.1 (a) Travel Payment					
-	Loca	ation of Travel		_	Dates (month, day, year)
		☐ Air ☐ Bus	☐ Aut	o □ Other	
Transportation Provider		Check Applicable Boxes			Name of Lodging Facility
\$\$		\$	\$		\$
Lodging Expenses	Meal Expenses	Transportation Expens		Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		2/26/18	Ψ	00.00
			tes (month,		Total Expenses
3.2. Payment Description.	. Provide a specific	description of th	e paym	ent and its ager	ncy purpose and use.
Donation to agency to	subsidize retireme	ent reception fo	r retirir	ng General Ma	anager.
		•			
3.3. Identify the officials v	vho used the payme	ent in Section 3.1	(See instru	uctions)	
Litchfield	Matthew		neral Ma		
Last Name	First Name			sition/Title	Department/Division
	, not reallo		, 50	Macily That	Bepartino((ab))(alon
Last Name	First Name		Pos	sition/Title	Department/Division
4. Verification					
I authorized the acceptance	of the reported paym	nent(s) as in comp	liance w	ith FPPC regulat	tions.
1/1/	Matthew Litch			eral Manager	01/14/19
Signature		int Name		Title	(month, day, ye
\$ 10 0 M 10 C 40 C 10 C					(
Comment:					
(Use this space or an attachment f	or any additional information	on)			FPPC Form 801 (Ja
					advice@fppc.ca