

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Cucamonga Valley Water District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 10440 Ashford Street Rancho Cucamonga, CA 91730			
Area Code/Phone Number 909-987-2591	Email cindyc@cvwdwater.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Cindy Cisneros, Executive Assistant			

2. Donor Name and Address

Individual _____ Other Association of California Water Agencies

Last Name First Name Name
 910 K Street Suite 100 Sacramento CA 95814
 Address City State Zip Code

Statewide coalition of public water agencies

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 Sacramento, CA March 4-5, 2014

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ 7.33	\$ 289.50	\$ 20.50	\$ 317.33
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.

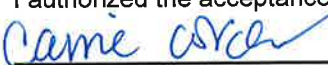
Attended the ACWA State Legislative Symposium, Ms. Tiegs serves as Vice President for the ACWA Board of Directors.

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

Tiegs	Kathleen	CVWD Director	Board of Directors
_____	_____	_____	_____
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.


 Carrie Corder Chief Financial Officer 05/02/14
 Signature Print Name Title (month, day, year)

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



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Agency Contact (name and title) Cindy Cisneros, Executive Assistant		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Association of California Water Agencies

_____ Last Name First Name Name
910 K Street Suite 100 Sacramento CA 95814
Address City State Zip Code

Statewide coalition of public water agencies

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 Washington D.C. February 24-27, 2014
Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ 35.02 \$ 367.50 \$ 91.00 \$ 493.52
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.
Attended the ACWA DC Conference, Ms. Tieg serves as Vice President for the ACWA Board of Directors.

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

Tieg	Kathleen	CVWD Director	Board of Directors
_____	_____	_____	_____
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.

Carrie Corder Carrie Corder Chief Financial Officer 05/02/14
Signature Print Name Title (month, day, year)

Comment:
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Agency Contact (name and title) Cindy Cisneros, Executive Assistant		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Association of California Water Agencies

_____ Last Name First Name Name
910 K Street Suite 100 Sacramento CA 95814
Address City State Zip Code

Statewide coalition of public water agencies

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

Sacramento, CA Location of Travel 02/13-14/14 Dates (month, day, year)

Southwest Airlines Transportation Provider Rail Air Bus Auto Other Citizen Hotel Name of Lodging Facility

\$ 171.50 \$ 37.31 \$ 368.50 \$ 116.00 \$ 693.31
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.
 Attended the ACWA Groundwater Task Force, Ms. Tiegs serves as Vice President for the ACWA Board of Directors.

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

Tiegs	Kathleen	CVWD Director	Board of Directors
_____	_____	_____	_____
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.

Carrie Corder Signature Carrie Corder Print Name Chief Financial Officer Title 05/02/14 (month, day, year)

Comment: _____
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Area Code/Phone Number 909-987-2591	Email cindyc@cvwdwater.com		
Agency Contact (name and title) Cindy Cisneros, Executive Assistant			

2. Donor Name and Address

Individual _____ Other Association of California Water Agencies

_____	_____	_____	_____
Last Name	First Name	Name	
910 K Street Suite 100	Sacramento	CA	95814
Address	City	State	Zip Code

Statewide coalition of public water agencies

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 Sacramento, CA 01/29-31/14

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Citizen Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 251.00	\$ 22.17	\$ 90.75	\$ _____	\$ 363.92
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.

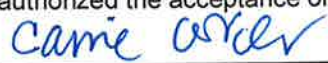
Attended the ACWA Board of Directors Meeting and Workshop, Ms. Tieg serves as Vice President for the ACWA Board of Directors.

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

Tieg	Kathleen	CVWD Director	Board of Directors
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.

	Carrie Corder	Chief Financial Officer	05/02/14
Signature	Print Name	Title	(month, day, year)

Comment:
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Agency Contact (name and title) Cindy Cisneros, Executive Assistant		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Association of California Water Agencies

_____ Last Name First Name Name
910 K Street Suite 100 Sacramento CA 95814
Address City State Zip Code

Statewide coalition of public water agencies

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 Las Vegas, NV 01/6-8/14
Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Monte Carlo Hotel
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 156.80 \$ 12.93 \$ 455.40 \$ 243.75 \$ 868.88
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.
Attended the National Water Resources Agency Conference, ACWA is associated and with NWRA and Ms. Tiegs serves as Vice President for the ACWA Board of Directors.

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

Tiegs	Kathleen	CVWD Director	Board of Directors
_____	_____	_____	_____
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.

Carrie Corder Carrie Corder Chief Financial Officer 05/02/14
Signature Print Name Title (month, day, year)

Comment:
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Agency Contact (name and title) Cindy Cisneros, Executive Assistant			

2. Donor Name and Address

Individual _____ Other California Special Districts Association

Last Name: _____ First Name: _____ Name: _____
 1112 I Street Suite 200 Sacramento CA 95814
 Address City State Zip Code

Provides legislative advocacy, education and member services to Special Districts in California.

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 Sacramento, CA 01/17/14
 Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 247.30 \$ 56.00 \$ 303.30
 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.

Attended the CSDA Membership Committee, Ms. Tieg serves on this Committee as well as on the CSDA Board.

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

<u>Tieg</u>	<u>Kathleen</u>	<u>CVWD Director</u>	<u>Board of Directors</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.

Carrie Corder Carrie Corder Chief Financial Officer 05/02/14
 Signature Print Name Title (month, day, year)

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Agency Contact (name and title) Cindy Cisneros, Executive Assistant		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other California Special Districts Association

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_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Sacramento, CA 01/24/14
 Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 211.30 \$ 18.00 \$ 229.30
 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.
 Attended the CSDA Membership Committee, Ms. Tiegs serves on this Committee as well as on the CSDA Board.

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

<u>Tiegs</u>	<u>Kathleen</u>	<u>CVWD Director</u>	<u>Board of Directors</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.

Carrie Corder Carrie Corder Chief Financial Officer 05/02/14
 Signature Print Name Title (month, day, year)

Comment:
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