

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Roseville

Division, Department, or Region (if applicable)

Public Works

Street Address

311 Vernon Street, Roseville California

Area Code/Phone Number

95678/916-774-5331

Email

jshykowski@roseville.ca.us

Agency Contact (name and title)

Jason Shykowski, Public Works Director

Date Stamp

AUG 26 2022

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

Endeavor Business Media LLC

Name

1233 Janesville Avenue

Fort Atkinson

WI

53538

Address

City

State

Zip Code

Host of the Public Works Summit

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

Tucson, AZ

Location of Travel

November 14-16, 2022

Dates (month, day, year)

Southwest Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Loews Ventana Canyon Resort

Name of Lodging Facility

\$ 375.00

Lodging Expenses

\$ 350.00

Meal Expenses

\$ 363.96

Transportation Expenses

\$ 25.00

Other Expenses

\$ 1,113.96

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.

Endeavor Business Media LLC covered the cost of lodging, meals, and other minor items for one City of Roseville staff person to attend the Public Works Summit where Public Works Directors from around the country came together to discuss common issues and develop solutions.

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

Shykowski

Jason

Public Works Director

Public Works

Last Name

First Name

Position/Title

Department/Division

N/A

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.

Dennis Kauffman

Dennis Kauffman (Aug 25, 2022 12:06 PDT)

Signature

Dennis Kauffman

Print Name

Chief Financial Officer

Title

8/26/2022

(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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