

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Roseville
Division, Department, or Region (if applicable)
Development Services
Street Address
311 Vernon Street, Roseville, CA 95678
Area Code/Phone Number
916/774-5278
Email
smarchetti2@roseville.ca.us
Agency Contact (name and title)
Stacie Marchetti, Management Analyst
Date Stamp
California 801 Form
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other
Municipal Management Association of Norther
Last Name First Name Name
3620 American River Dr., Suite 230 Sacramento CA 95864
Address City State Zip Code

A membership organization of local government professionals formed to address the professional needs of public manage
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
Indian Wells, CA
11/12 - 11/14/25
Location of Travel Dates (month, day, year)
Southwest Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Renaissance Esmeralda Resort
Name of Lodging Facility
\$ 679.48 \$ 36.00 \$ 237.58 \$ 53.92 \$ 1,006.98
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.

Reimbursement for travel expenses related to attending MMASC Annual Conference, as the MMANC 2025 Vice President.

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

Marchetti Stacie Management Analyst Development Services
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 Print Name Title
Joseph Allen Joe Allen Development Services Manager
12/18/2025
(month, day, year)

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

Clear Page

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Roseville
Division, Department, or Region (if applicable)
Development Services
Street Address
311 Vernon Street, Roseville, CA 95678
Area Code/Phone Number
916/774-5278
Email
smarchetti2@roseville.ca.us
Agency Contact (name and title)
Stacie Marchetti, Management Analyst
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 Other
Municipal Management Association of Southe
Last Name First Name Name
3620 American River Dr., Suite 230 Sacramento CA 95864
Address City State Zip Code

A membership organization of local government professionals formed to address the professional needs of public manage
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name Amount Name Amount

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

3.1 (a) Travel Payment

Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

11/12-11/14/25 \$ 725.00
Dates (month, day, year) Total Expenses

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

Complimentary conference registration (valued at \$725.00) to attend MMASC Annual Conference 2025, as the MMANC 2025 Vice President.

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

Marchetti Stacie Management Analyst Development Services
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 Dominick Casey City Manager 12/22/2025
Print Name Title (month, day, year)

Comment:

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

Clear Page