

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Form 801
For Official Use Only

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2025 NOV 18 PM 3:51

CITY CLERK DEPARTMENT
ROSEVILLE, CA

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

skemen@roseville.ca.us

Amendment (explain in comment section)

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

Agency Contact (name and title)

Stefanie Kemen, Assistant Public Works Director

2. Donor Name and Address

Individual _____

Last Name

First Name

Other Endeavor Business Media LLC

Name

1233 Janesville Avenue Fort Atkinson

Address City

WI 53538

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

Jacksonville, FL

Location of Travel

November 5-7, 2025

United/American Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Sawgrass Marriott Resort

Name of Lodging Facility

\$ 636.00
Lodging Expenses

\$ 350.00
Meal Expenses

\$ 406.00
Transportation Expenses

\$ _____
Other Expenses

\$ 1392.00
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)

| | | | |
|-----------|------------|---------------------------------|---------------------|
| Kemen | Stefanie | Assistant 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 | Chief Financial Officer | 11/3/2025 |
| Signature | Print Name | Title | (month, day, year) |

Comment:

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

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