

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Roseville
Division, Department, or Region (if applicable)
Alternative Transportation
Street Address
316 Vernon #150, Roseville, Ca. 95678
Area Code/Phone Number
916-746-1304
Email
rjfrost@roseville.ca.us
Agency Contact (name and title)
Ed Scofield, Alternative Transportation Manager
Date Stamp
RECEIVED
24 FEB 2026
City Clerk
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 Endeavor Business Media LLC
Last Name First Name Name
1233 Janesville Avenue Fort Atkinson WI 53538
Address City State Zip Code

Host of Transit Bus 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:

Table with 4 columns: Name, Amount, Name, Amount

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

3.1 (a) Travel Payment
Dallas Texas
Location of Travel
2/9/26- 2/11/26
Dates (month, day, year)
American Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Rockwell Lakefront Resort
Name of Lodging Facility
\$ 400.00 \$ 350.00 \$ 376.16 \$ 100.00 \$ 1,226.16
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.

Endeavor Business Media LLC coveree the cost of lodging, meals, and other minor items for one City of Roseville Staff person to attend the Transit Bus Summit. Transit personnel from around the country flew to Dallas to discuss transit challenges and solutions related to Public Transit/Bus items.

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

Frost Rich Transit Ops. Supervisor Public Works/Alt. Trans.
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
Digitally signed by Dennis Kauffman
Date: 2026.02.24 09:57:54 -08'00'
Signature
Dennis Kauffman
Print Name
Chief Financial Officer
Title
02/24/26
(month, day, year)

Comment:

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

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