Payment to Agency I	Report	<b>A Public Docum</b>	ent	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Cucamonga Valley Water	District			Form OO I
Division, Department, or Re	egion (if applicable)			For Official Use Only
Street Address				-
10440 Ashford Street Rar	ncho Cucamonga, CA	91730		
Area Code/Phone Number	Email		☐ Amendment (	explain in comment section)
909-987-2591	cindyc@cvwdwate	er.com		211
Agency Contact (name and titl	e)		Date of Original F	(month, day, year)
Cindy Cisneros, Executive	e Assistant			
2. Donor Name and Add	ress			D. U.S
☐ Individual		☑ ○	ther Association of C	California Water Agencies
Last Name	First N		С	Name A 95814
910 K Street Suite 100 Address		Sacramento	Sta	
Statewide coalition of put	dic water agencies			
If "Other" is marked, describe the ent		ess) or its nature and interests		
	e, identify the name of ea	ach source and the amour	nt(s) received by the don	or for this payment:
	\$			\$
Name		Amount	Name	Amount
3. Payment Information	(Complete Section	s 3.1 (a or b), 3.2, 3.	3)	
3.1 (a) Travel Payment	Sacramento, C	A		arch 4-5, 2014
		ocation of Travel		Dates (month, day, year)
Southwest Airlines		☑ Air ☐ Bus □	] Auto □ Other _	No. of Valley Facility
Transportation Provide	er .	Check Applicable Boxes		Name of Lodging Facility
\$	\$ 7.33	<u>\$</u> 289.50	\$ <u>20.50</u>	\$ 317.33
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not	related to travel:	Dates (s	month, day, year)	Total Expenses
		•		·
3.2. Payment Description				
Attended the ACWA Board of Directors.	State Legislative	Symposium, Ms. Tie	egs serves as Vice	e President for the ACW
3.3. Identify the officials	s who used the payr	nent in Section 3.1 (Se	ee instructions)	
Tiegs	Kathleen	CVWE	Director	Board of Directors
Last Name	First Nam	е	Position/Title	Department/Division
7=	<del>-</del>	<del></del>	Position/Title	Department/Division
Last Name	First Nam	ne	Position/Title	Бераганеновичен
4. Verification				
I authorized the acceptan				
Came askar	Carrie Cord	ler	Chief Financial Office	
Signature		Print Name	Title	(month, day, year)
Comment:		8		
Comment: (Use this space or an attachme	nt for any additional inform	ation)		EDDC Form 904 / Jon/4
(300 ting apare of an attachme		,		FPPC Form 801 (Jan/1 advice@fppc.ca.g

Payment to Agency R	eport	A Public Do	ocument		PAYMENT TO AGE	
1. Agency Name				Date Stamp		801
Cucamonga Valley Water I	District				Form	00 1
Division, Department, or Reg	gion (if applicable)				For Official U	se Only
Street Address						
10440 Ashford Street Rand	cho Cucamonga, CA	91730				
Area Code/Phone Number	Email			□ Amendment	(explain in comment section)	
909-987-2591	cindyc@cvwdwate	er.com		_		
Agency Contact (name and title)				Date of Original	(month, day, yea	г)
Cindy Cisneros, Executive	Assistant					
2. Donor Name and Addre	ess					
☐ Individual			☑ Other	Association of	California Water Age	ncies
Last Name	First I	Name			Name CA 95814	
910 K Street Suite 100		Sacramento			CA 95814 tate Zip Code	
Address		City		3	tate Zip oode	
Statewide coalition of publ						
If "Other" is marked, describe the entity	y's business activity (if busine	ess) or its nature and int	terests.			
If applicable,	identify the name of ea	ach source and the	e amount(s) re	eceived by the do	nor for this payment:	
	,				¢	
Name	\$	Amount	<del></del>	Name	Ar	nount
3. Payment Information (	Complete Section	ns 3.1 (a or b).	3.2, 3.3)			
3.1 (a) Travel Payment	Washington D		, ,	F	ebruary 24-27, 2014	
3.1 (a) Travel Payment	7	ocation of Travel		-	Dates (month, day, ye	эаг)
American Airlines	□ Poil	☑ Air □ Bı	us ∐'Aut	o □ Other		
Transportation Provider	Rail	Check Applicable Bo	_		Name of Lodging Fac	ility
	35.02	367.50		91.00	<sub>\$</sub> 493.52	
\$ Lodging Expenses	\$ Meal Expenses	Transportation Ex	penses	Other Expenses	Total Expens	es
3.1 (b) Payment(s) not re	elated to travel:			\$		
			Dates (month,	* * *	Total Expenses	
3.2. Payment Description	n. Provide a specif	fic description o	of the paym	ent and its age	ncy purpose and us	e.
Attended the ACWA In Directors.						
3.3. Identify the officials	who used the pay	ment in Section	3.1 (See instru	uctions)		
Tiegs	Kathleen		CVWD Dire	ector	Board of Directors	3
Last Name	First Nam	ne	Pos	sition/Title	Department/Div	ision
Last Name	First Nan	me	Po	sition/Title	Department/Div	/ision
4. Verification						
I authorized the acceptance						14
Cume corch	Carrie Cord		Chie	ef Financial Offic		h, day, year)
Signature		Print Name		liue	(IIIOIII)	ii, day, yeai <i>)</i>
Comment:						
(Use this space or an attachmen	t for any additional inform	nation)			FPPC Form advice(	801 (Jan/14 Øfppc.ca.go

Payment to Agency Rep	ort A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Cucamonga Valley Water Dist	rict			Form CO I
Division, Department, or Region				For Official Use Only
Street Address				
10440 Ashford Street Rancho	Cucamonga, CA 91730			
Area Code/Phone Number   E	mail		Amendment (explain	ain in comment section)
909-987-2591 c	indyc@cvwdwater.com		9	
Agency Contact (name and title)			Date of Original Filing	g:(month, day, year)
Cindy Cisneros, Executive Ass	sistant			
2. Donor Name and Address				
			Association of Cali	fornia Water Agencies
☐ Individual ————————————————————————————————————	First Name		CA	Name 95814
910 K Street Suite 100	Sacramer	nto	CA State	Zip Code
Address	City		Ollito	<b>-</b>
Statewide coalition of public w		and interests		
If "Other" is marked, describe the entity's but				
If applicable, ide	ntify the name of each source an	nd the amount(s) r	eceived by the donor f	or this payment:
	•			\$
Name	Amount		Name	Amount
3. Payment Information (Co	mplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Sacramento, CA		02/1	3-14/14
o. r (a) mavor aymon	Location of Travel			Dates (month, day, year)
Southwest Airlines		⊟ Bus ⊟ Aut	o □ Other Citiz	en Hotel
Transportation Provider	Check Applica			Name of Lodging Facility
171.50 g 3	7.31 \$368.50	0 •	116.00	\$
\$ Lodging Expenses		ion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not relat	ed to travel:		\$	
		Dates (month,	*	Total Expenses
3.2. Payment Description.	Provide a specific descripti	on of the paym	ent and its agency	purpose and use.
Attended the ACWA Gro				
Board of Directors.	undwater rack rerective	ioi riogo coi i		
Board of Birectors.				
0 0 11 446 4b 66 aigle wh	a used the navment in Sec	tion 3.1 (See instr	auctions)	
3.3. Identify the officials wh			_	Board of Directors
Tiegs	Kathleen	CVWD Dire	1-	Department/Division
Last Name	First Name	Pos	sition/Title	Departmentabivision
3				
Last Name	First Name	Po	sition/Title	Department/Division
4. Verification				
	fills and and an armost (a) as	in compliance w	with EDDC regulation	18
I authorized the acceptance				05/02/14
came was	Carrie Corder		ef Financial Officer	(month, day, year)
Signature	Print Name		Tiue	(monal, way, your)
Comment:				
(Use this space or an attachment for	any additional information)			FPPC Form 801 (Jan/14



Payment to Agency Rep	port /	A Public Do	cument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California 801
Cucamonga Valley Water Dis	strict		A		Form OUT
Division, Department, or Regio					For Official Use Only
Street Address					
10440 Ashford Street Rancho	Cucamonga, CA 9	1730			
Area Code/Phone Number	Email			Amendment (expl	ain in comment section)
909-987-2591	cindyc@cvwdwater.	.com		_	1
Agency Contact (name and title)				Date of Original Filin	g:(month, day, year)
Cindy Cisneros, Executive As	ssistant				
2. Donor Name and Addres	s			Association of Cali	fornia Water Agencies
☐ Individual	First No.		Other	Association of Can	Name
910 K Street Suite 100	First Nar	<sup>me</sup> Sacramento		CA	95814
Address		City		State	Zip Code
Statewide coalition of public	water agencies				
If "Other" is marked, describe the entity's		) or its nature and inter	ests.		
				occived by the depart	for this payment.
If applicable, ide	entify the name of eac	n source and the	amount(s) i	eceived by the denoi-	
>	\$	mount _		Name	\$
Name			2 2 2)		
3. Payment Information (Co			.2, 3.3)	01/2	9-31/14
3.1 (a) Travel Payment	Sacramento, CA			- 01/2	Dates (month, day, year)
	Loc	ation of Travel		O:4:-	
Southwest Airlines	🔲 Rail	☑ Air ☐ Bu	s □Aut	o □ Other <u>Citiz</u>	en Hotel  Name of Lodging Facility
Transportation Provider		Check Applicable Box	es		75-1245 7021SE1
\$ 251.00 \$ \$	22.17	\$_90.75	\$		\$
Lodging Expenses	Meal Expenses	Transportation Expo	enses	Other Expenses	total Expenses
3.1 (b) Payment(s) not rela	ited to travel:			<u> </u>	Total Expenses
			Dates (month,	• •	·
3.2. Payment Description.	Provide a specific	description of	the paym	ent and its agency	purpose and use.
Attended the ACWA Bo	ard of Directors	Meeting and	Worksho	p, Ms. Tiegs sei	ves as Vice President
for the ACWA Board of	Directors.				
3.3. Identify the officials w	the used the navm	ent in Section 3	3.1 (See instr	uctions)	
			CVWD Dire		Board of Directors
Tiegs	Kathleen			sition/Title	Department/Division
Last Name	First Name		10.	OKIOTII TIIG	
Last Name	First Name		Po	sition/Title	Department/Division
4. Verification					
I authorized the acceptance	of the reported payr	ment(s) as in co	mpliance w	vith FPPC regulation	ns.
Call O	Carrie Corde		Chie	ef Financial Officer	05/02/14
came order		Print Name		Title	(month, day, year)
Signature	P	INTERVENIE			
Comment:					
(Use this space or an attachment for	or any additional information	tion)			FPPC Form 801 (Jan/14

Payment to Agency F	Report	A Public Document	t	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Cucamonga Valley Water	District			Form 00
Division, Department, or Re	gion (if applicable)		1	For Official Use Only
Street Address			1	
10440 Ashford Street Ran	cho Cucamonga, C	A 91730		
Area Code/Phone Number	Email		Amendment (exp	lain in comment section)
909-987-2591	cindyc@cvwdwa	ater.com		
Agency Contact (name and title	1)		Date of Original Filir	(month, day, year)
Cindy Cisneros, Executive	Assistant			
2. Donor Name and Addr	ess			
☐ Individual			Association of Ca	lifornia Water Agencies
Last Name	Firs	t Name	CA	Name 95814
910 K Street Suite 100		Sacramento	State	Zip Code
Address	_	City	State	Zip Code
Statewide coalition of pub				
If "Other" is marked, describe the enti	ty's business activity (if busi	iness) 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 Section	ons 3.1 (a or b), 3.2, 3.3)		
	Las Vegas, N		01/6	5-8/14
3.1 (a) Travel Payment	Las Vegas, I	Location of Travel	\ <u>-</u>	Dates (month, day, year)
Southwest Airlines			Mor	ite Carlo Hotel
Transportation Provider		<del>_</del>	to □ Other IVIOI	Name of Lodging Facility
•	. 12.93	Check Applicable Boxes	243.75	868.88
\$ 156.80 Lodging Expenses	\$Meal Expenses	\$455.40 Transportation Expenses	Other Expenses	STotal Expenses
		Halloportation Expenses	\$	
3.1 (b) Payment(s) not r	elated to travel:	Dates (month	, day, year)	Total Expenses
O.O. December Description	Descride e ence	ific description of the payn	*	nurnose and use.
Attended the Nationa and Ms. Tiegs serves	I Water Resourd s as Vice Presid∈	ces Agency Conference, ent for the ACWA Board	of Directors.	ated and with NVVKA
und mor trogo control				
3.3. Identify the officials	who used the pay	yment in Section 3.1 (See inst	ructions)	
Tiegs	Kathleen	CVWD Dir		Board of Directors
Last Name	First Na		osition/Title	Department/Division
Edot Haino				
Last Name	First Na		osition/Title	Department/Division
Last Name	1 1100 110			
 4. Verification				
	ce of the reported p	ayment(s) as in compliance v	with FPPC regulation	ns.
Crime Ord	Carrie Co		ef Financial Officer	05/02/14
Signature		Print Name	Title	(month, day, year)
Signature				
Comment:				
(Use this space or an attachmen	nt for any additional infor	rmation)		FPPC Form 801 (Jan/1 advice@fppc.ca.g

CA State ts in California. d by the donor for	(month, day, year)  stricts Association  Name 95814  Zip Code
of Original Filing: CA State ts in California.	For Official Use Only in comment section)  (month, day, year)  stricts Association  Name 95814  Zip Code  this payment:
of Original Filing: CA State ts in California.	in comment section)  (month, day, year)  stricts Association  Name 95814  Zip Code  this payment:
of Original Filing: CA State ts in California.	(month, day, year)  stricts Association  Name 95814  Zip Code  this payment:
of Original Filing: CA State ts in California.	(month, day, year)  stricts Association  Name 95814  Zip Code  this payment:
of Original Filing: CA State ts in California.	(month, day, year)  stricts Association  Name 95814  Zip Code  this payment:
fornia Special Dis CA State ts in California.	stricts Association  Name 95814  Zip Code  this payment:
fornia Special Dis CA State ts in California.	stricts Association  Name 95814  Zip Code  this payment:
CA State ts in California. d by the donor for	95814 Zip Code this payment:
CA State ts in California. d by the donor for	95814 Zip Code this payment:
CA State ts in California. d by the donor for	95814 Zip Code this payment:
CA State ts in California. d by the donor for	95814 Zip Code this payment:
State ts in California. d by the donor for	zip Code this payment:
d by the donor for	\$
d by the donor for	\$
	\$
	\$
	\$Amount
	Amount
Name	
01/17/1	
	Dates (month, day, year)
Other	Name of Lodging Facility
) 8	\$ 303.30 Total Expenses
er Expenses	Iotal Expenses
\$	Total Expenses
•	·
	urpose and use.
this Committe	ee as well as on the
Bo	ard of Directors
	Department/Division
е	
е	Department/Division
de	
PPC regulations.	
de	05/02/14
PPC regulations.	05/02/14 (month, day, year)
PPC regulations.	
it	ītle

Agency Name Cucamonga Valley Water Dis	strict		Date Stamp	California 801
Cucamonga Valley Water Dis				Form O
	(it applicable)			For Official Use Only
Street Address				
10440 Ashford Street Rancho	o Cucamonga, CA 91730			
Alou Soudh Helle Halling	Email		Amendment (expl	ain in comment section)
	cindyc@cvwdwater.com		Date of Original Filing	g:
Agency Contact (name and title)	esistant			(month, day, year)
Cindy Cisneros, Executive A				
Donor Name and Addres	S		California Special	Districts Association
☐ Individual	First Name	Ø Other	A	Name
1112 I Street Suite 200	Sacramen	to	CA	95814
Address	City		State	Zip Code
Provides legislative advocac	y, education and member serv	ices to Special <b>I</b>	Districts in California	l.
If "Other" is marked, describe the entity's	business activity (if business) or its nature a	ind interests.		
If applicable, id.	entify the name of each source an	d the amount(s) re	eceived by the donor	for this payment:
п аррисавіс, іс	onthly the name of calls are	, ,		<b>¢</b>
Name	\$Amount		Name	Amount
Payment Information (Co	omplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Sacramento, CA		01/2	
J. I (a) Haver aymone	Location of Travel		<del></del>	Dates (month, day, year)
Southwest Airlines		BusAut	o 🔲 Other	
Transportation Provider	Check Applica		015.05197	Name of Lodging Facility
¢ \$	<sub>\$</sub> 211.30		18.00	\$ 229.30 Total Expenses
Lodging Expenses	Meal Expenses Transportati	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	Dates (month,	day year)	Total Expenses
		•		nurnose and use
3.2. Payment Description.	Provide a specific descripti	on of the payin	ent and its agency	'il l +
	embership Committee, Ma	s. Tiegs serve	es on this Comm	ittee as well as on the
CSDA Board.				
3.3. Identify the officials w	vho used the payment in Sec	tion 3.1 (See instr	uctions)	
Tiegs	Kathleen	CVWD Dire	-	Board of Directors
Last Name	First Name	Po	sition/Title	Department/Division
Last Name	First Name	- Po	sition/Title	Department/Division
A 181 Allers				
. Verification	of the reported neumant/s) as	in compliance v	vith FPPC regulation	ns.
i authorized the acceptance	of the reported payment(s) as  Carrie Corder	Chi	ef Financial Officer	05/02/14
		CHI	or i mariolal Officer	···
Carrie cola			Title	(month, day, year
	Print Name		Title	(month, day, year
Carrie cola	Print Name		Title	(month, day, year