

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

For Official Use Only

City of Yuba City

Division, Department, or Region (if applicable)

Human Resources Department

Street Address

1201 Civic Center Blvd, Yuba City, CA 95993

Area Code/Phone Number

Email

(530)822-4610

humanresources@yubacity.net

Agency Contact (name and title)

Kim Triplett, Human Resources Technician I

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Aflac

Name

1932 Wynnton Road

Columbus

GA

31999

Address

City

State

Zip Code

Supplemental Insurance

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

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

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

10/06/2020

\$ 99.99

Dates (month, day, year)

Total Expenses

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

Aflac Duck and Aflac Drinkware

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

Palmer

Karina

Laboratory Assistant

Public Works

Last Name

First Name

Position/Title

Department/Division

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.

Natalie Springer (Signature)

Natalie Springer (Print Name)

Human Resources Director (Title)

02/04/2021 (month, day, year)

Comment:

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

Clear Page

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(530)822-4610	humanresources@yubacity.net		
Agency Contact (name and title)		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Kim Triplett, Human Resources Technician I			

2. Donor Name and Address

Individual _____ Other Blue Shield of CA

_____ Last Name _____ First Name _____ Name

601 12th Street _____ Oakland _____ CA _____ 94607

Address _____ City _____ State _____ Zip Code _____

Healthcare Coverage

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

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) _____

_____ Rail Air Bus Auto Other _____

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

9/30/2020 \$ 161.42

Dates (month, day, year) Total Expenses

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

16.9 oz Stainless Steel Bottle, Hand Sanitizer, and Gift Basket (Trigger Point Foam Roller, Foam Block, and 8-ft Yoga Strap)

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

Mundi	Prableen	Accountant I	Finance
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
Wright	Dianne	Administrative Analyst I	Fire Administration
_____	_____	_____	_____
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.

Natalie Springer Signature Natalie Springer Print Name Human Resources Director Title 02/04/2021 (month, day, year)

Comment:

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



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Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	
Kim Triplett, Human Resources Technician I			

2. Donor Name and Address

Individual _____ Other Epic Insurance Brokers

_____ Last Name _____ First Name _____ Name _____

10877 White Rock Rd _____ Rancho Cordova _____ CA _____ 95670

Address _____ City _____ State _____ Zip Code _____

Insurance Brokers and Consultants

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) _____

_____ Rail Air Bus Auto Other _____

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ 10/8/2020 \$ 50.00

Dates (month, day, year) Total Expenses

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

Two \$25 Amazon gift cards used as raffle prizes.

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

Resendez	Isabel	Police Officer	Police
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
Brunson	Erika	Customer Services Rep. II	Finance
_____ 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.

Natalie Springer Signature Natalie Springer Print Name Human Resources Director Title 02/04/2021 (month, day, year)

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

