Payment to Agency F	₹eport	A Public	Document		P/	AYMENT TO AGENCY REPORT
1. Agency Name				Date Star	mp	California 201
City of Yuba City						Form OUI
Division, Department, or Re	gion (if applicable)					For Official Use Only
Human Resources Depart	ment					
Street Address						
1201 Civic Center Blvd, Yu	uba City, CA 95993	3		<u> </u>		
Area Code/Phone Number	Email			☐ Amendmer	nt (explain in o	comment section)
(530)822-4610	humanresources	@yubacity.net		_		
Agency Contact (name and title)			Date of Origina	l Filing:	(month, day, year)	
Kim Triplett, Human Resor	urces Technician I		_			
2. Donor Name and Addr	ess					
☐ Individual			_ Ø Other	Aflac		
Last Name	First	Name		1	Nar	
1932 Wynnton Road		Columbus			GA State	31999
		City			State	Zip Code
Supplemental Insurance  If "Other" is marked, describe the entit	y's husiness activity (if husin	acca) or its nature and	Lintoranta			
ii Otiler is marked, describe the entit	y a business activity (ii busin	less) of its flature and	interests.			
If applicable,	identify the name of e	each source and	the amount(s) re	eceived by the de	onor for thi	s payment:
	\$					\$
Name	Ψ	Amount	<b>F</b>	Name		Amount
3. Payment Information (	Complete Section	ns 3.1 (a or b	), 3.2, 3.3)			
3.1 (a) Travel Payment						
, , , , , , , , , , , , , , , , , , , ,		Location of Travel			Date	es (month, day, year)
		□ Air □	Bus □ Auto	o □ Other		
Transportation Provider	Li ruii	Check Applicable			Nam	ne of Lodging Facility
¢	¢	¢	•		d	3
Lodging Expenses	Meal Expenses	Transportation	Expenses	Other Expenses	. `	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		10/06/2020	Ψ.	99.99	
			Dates (month, c	lay, year)		Total Expenses
3.2. Payment Description	ı. Provide a speci	fic description	of the payme	ent and its age	ency purp	ose and use.
Aflac Duck and Aflac	Drinkware					
3.3. Identify the officials	who used the nav	ment in Sectio	n 3.1 (See instru	ctions)		
Construction of the state of th	Karina		Laboratory A		Dublic	: Works
Palmer  Last Name	First Nam	20		tion/Title	- Fublic	Department/Division
Last Name	Filst Naii	iic	F 051	non/mae		Departmentibilision
Last Name First Name		Position/Title			Department/Division	
4. Verification						
I authorized the acceptanc	e of the reported pa	vment(s) as in	compliance wi	th FPPC regula	ations	
A Company						02/21/2021
Signature	Natalie Spr	ringer Print Name	Huma	an Resources I	Director	(month day year)
. Usualia di Signature (	U	, mit Hamo		THE		(injoinii, day, year)
Comment:						
(Use this space or an attachment	for any additional inform	nation)				5DD0 5

Payment to Agency Re	port A Publi	c Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
City of Yuba City			-	Form OUI
Division, Department, or Regi	on (if applicable)			For Official Use Only
Human Resources Departm	ent			
Street Address				
1201 Civic Center Blvd, Yub Area Code/Phone Number				
	Email		Amendment (ex	rplain in comment section)
(530)822-4610 Agency Contact (name and title)	humanresources@yubacity.n	et	Date of Original Fil	ing:
			<b>3</b>	(month, day, year)
Kim Triplett, Human Resour  2. Donor Name and Addres				
2. Donor Name and Addres	<b>5S</b>		Blue Shield of Ca	Δ
☐ Individual	First Name			Name
601 12th Street	Oakland		CA	
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, ic	dentify the name of each source ar	nd the amount(s) re	eceived by the dono	r for this payment:
	,	(-,	,	•
Name	\$ Amount	-	Name	Amount
3. Payment Information (C	omplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	,	,, , , , ,		
(,	Location of Travel			Dates (month, day, year)
		☐ Bus ☐ Auto	o ☐ Other	
Transportation Provider	Check Applica			Name of Lodging Facility
\$\$	\$	ion Expenses \$.	·	\$
Lodging Expenses			Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	9/30/2020 Dates (month, o	\$ 16°	Total Expenses
2.2 Payment Description	Provide a specific descripti	**		
	•	-		
	Bottle, Hand Sanitizer, ar	nd Gift Basket	(Trigger Point	Foam Roller, Foam
Block, and 8-ft Yoga St	тар)			
0.0. 1.1		45		
	ho used the payment in Sec			
Mundi	Prableen	Accountant		Finance
Last Name	First Name	Posi	tion/Title	Department/Division
Wright	Dianne	Administrati	ive Analyst I	Fire Administration
Last Name	First Name	Pos	ition/Title	Department/Division
4. Verification	· · · · · · · · · · · · · · · · · · ·			
I authorized the acceptance	of the reported payment(s) as	in compliance wi	th FPPC regulatio	ns.
Vatilia Sominer.	Natalie Springer	Huma	an Resources Dire	ector 62/14/262.1
Signature	Print Name	Tium	Title	(month, day, year)
Comment:				
(Use this space or an attachment for	or any additional information)			FPPC Form 801 (Jan/18)

ayment to Agency Re	eport A Public	Document		PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California 201
City of Yuba City			Form OUI	
Division, Department, or Regi	on (if applicable)			For Official Use Only
Human Resources Departme	ent			
Street Address				
1201 Civic Center Blvd, Yub Area Code/Phone Number				
	Email		Amendment (ex	plain in comment section)
(530)822-4610 Agency Contact (name and title)	humanresources@yubacity.net		Date of Original Fili	ng:
	ana Tanbaisian I			(month, day, year)
Kim Triplett, Human Resource  Donor Name and Addres				
		EI Other	Epic Insurance B	rokers
Individual	First Name	Ø Other	1	Name
10877 White Rock Rd	Rancho Co	ordova	CA	95670
Address	City		State	Zip Code
Insurance Brokers and Cons	sultants			
If "Other" is marked, describe the entity's	business activity (if business) or its nature an	d interests.		
If applicable, id	lentify the name of each source and	the amount(s) re	eceived by the donor	for this payment:
	\$			\$
Name	Amount		Name	Amount
Payment Information (C	omplete Sections 3.1 (a or l	o), 3.2, 3.3)		
3.1 (a) Travel Payment				
	Location of Travel			Dates (month, day, year)
	□ Rail □ Air □	]Bus □Auto	o	
Transportation Provider	Check Applicab	95 - 29811		Name of Lodging Facility
\$\$.	\$	\$.		\$
Lodging Expenses	Meal Expenses \$Transportation		Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	10/8/2020	\$ 50.	Total Expenses
		Dates (month, o		,
3.2. Payment Description.	Provide a specific descriptio	n of the payme	ent and its agenc	y purpose and use.
Two \$25 Amazon gift c	ards used as raffle prizes.			
	•			
50 march 1 mm				
3.3. Identify the officials w	ho used the payment in Secti	on 3.1 (See instru	ctions)	
		on 3.1 (See instru		Police
Resendez  Last Name	who used the payment in Secti Isabel First Name	Police Offic		Police  Department/Division
Resendez Last Name	Isabel First Name	Police Office	er ition/Title	Department/Division
Resendez  Last Name  Brunson	Isabel First Name Erika	Police Office Posi	er ition/Title Services Rep. II	Department/Division Finance
Resendez Last Name	Isabel First Name	Police Office Posi	er ition/Title	Department/Division
Resendez  Last Name  Brunson  Last Name	Isabel First Name Erika	Police Office Posi	er ition/Title Services Rep. II	Department/Division Finance
Resendez  Last Name  Brunson  Last Name  Verification	Isabel First Name Erika First Name	Police Offic  Posi  Customer S  Pos	er ition/Title Services Rep. II ition/Title	Department/Division Finance Department/Division
Resendez  Last Name  Brunson  Last Name  Verification	Isabel First Name Erika	Police Offic  Posi  Customer S  Pos	er ition/Title Services Rep. II ition/Title	Department/Division  Finance  Department/Division
Resendez  Last Name  Brunson  Last Name  Verification  I authorized the acceptance	Isabel First Name Erika First Name  of the reported payment(s) as in Natalie Springer	Police Office Posi  Customer S  Posi  n compliance with	er  Services Rep. II  ition/Title  th FPPC regulatio an Resources Dire	Department/Division  Finance  Department/Division  ns.
Resendez  Last Name  Brunson  Last Name  Verification  I authorized the acceptance	Isabel First Name Erika First Name  of the reported payment(s) as in	Police Office Posi  Customer S  Posi  n compliance with	er  ition/Title  Services Rep. II  ition/Title  th FPPC regulatio	Department/Division  Finance  Department/Division
Resendez  Last Name  Brunson  Last Name  Verification  I authorized the acceptance	Isabel First Name Erika First Name  of the reported payment(s) as in Natalie Springer	Police Office Posi  Customer S  Posi  n compliance with	er  Services Rep. II  ition/Title  th FPPC regulatio an Resources Dire	Department/Division  Finance  Department/Division  ns.

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