

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

Yuima Municipal Water District

Division, Department, or Region (if applicable)

Street Address

P.O. Box 177, Pauma Valley, CA 92061-0177

Area Code/Phone Number

760-742-3704

Email

amy@yuimamwd.com

Agency Contact (name and title)

Amy Reeh, General Manager

Date Stamp

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

Last Name

First Name

☐ Other

Pauma Valley Country Club

Name

15835 Pauma Valley Drive

Pauma Valley

CA 92061

Address

City

State

Zip Code

Private Country Club and Restaurant / Meeting Facility

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:

CY 2024

\$ 3,360.00

Dates (month, day, year)

Total Expenses

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

Payment in form of a limited "membership" from PVCC for Yuima MWD Directors and Employees to use PVCC meetings / dining as PVCC is one of only 2 facilities in Pauma Valley with meeting rooms and sit down dining facilities. Despite having access to the facility, no Director or employee of Yuima used the facility during the calendar year of 2024.

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

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.

  
Signature

Amy Reeh

Print Name

General Manager

Title

01/31/25

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov

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