Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
1. Agency Name West Kern Community College District			Date Stamp	California 801
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Street Address	refer hashing out	- W C. II		The figure of the state of
29 Cougar Court, Taft, CA	93268	na naga		ing planting and any
Area Code/Phone Number	Email	y to agree at the	☐ Amondment (e	valeia in comment costion)
(661) 763-7711 sklein@taftcollege.edu			Amendment (explain in comment section)	
Agency Contact (name and title) Shelley Klein, Assistant to t	he President	a mil so in	Date of Original Fi	ling: 9/30/14 (month, day, year)
. Donor Name and Addre	ess	F. 32 F-11 PI	arteria i staveni a	·····································
☐ Individual		_	Seward L. Schre	der Construction, Inc.
Last Name	First Name			Name
1855 Buena Ventura Blvd.	Redding		CA	
Address Construction company	City		State	e Zip Code
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	d interests.		3 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
If applicable,	identify the name of each source and	the amount(s) re	ceived by the dono	r for this payment:
	Secretary of a contrary			\$
Name	Amount		Name	Amount
. Payment Information (0	Complete Sections 3.1 (a or b), 3.2, 3.3)		diser =
3.1 (a) Travel Payment	(RT) Bakersfield to Manteca	and back	Se	ptember 11, 2014
	Location of Travel	Brook, to a	S	Dates (month, day, year)
Seward L. Schreder	Rail 🗹 Air 🔲	Bus □ Auto	Other	1 F. 1 1 2 2 5 70 11 11
Transportation Provider	Check Applicable	e Boxes		Name of Lodging Facility
\$	Meal Expenses Security Securit	\$_	Other Expenses	\$ 600.00 Total Expenses
Lodging Expenses	- A Substantial Control of the Contr	Expenses	11. 1 THE 2" R	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	Dates (month, da	\$	Total Expenses
3.2 Payment Description	. Provide a specific description			***
and the second s	ufactoring facility in Manteca	1000 16	in and its agent	y purpose una use.
Traver to modular man	diactoring lacility in Maritece	a, OA.		
and the second	an hake the first on an about			
3.3. Identify the officials who used the payment in Section 3.1 (See instruc			tions)	
N/A		Executive Vice President		Administrative Services
Last Name	First Name	Posit	ion/Title	Department/Division
N/A		Maintenance Supervisor		Administrative Services
Last Name	First Name		tion/Title	Department/Division
				in the substitution of the
. Verification				1.354c.5c.0
	of the reported naversant(s) == !=	oomnlianes ::	h EDDC rosulatio	or and sewal to law age to
authorized the acceptance	e of the reported payment(s) as in			
Horse Matore	Dena P. Maloney,	Ed.D. Supe	rintendent/P	resident 9/30/14
Signature	Print Name		riue	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			FPPC Form 801 (Jan/
				advice@fppc.ca.g

Clear Page