### Payment to Agency Report

**1. Agency Name**
West Kern Community College District

**Division, Department, or Region (if applicable)**

**Street Address**
29 Cougar Court, Taft, CA 93268

**Area Code/Phone Number**
(661) 763-7711

**Email**
sklein@taftcollege.edu

**Agency Contact** (name and title)
Shelley Klein, Assistant to the President

**Date of Original Filing:** 9/30/14

### 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Schreder</td>
<td>Redding</td>
<td>1855 Buena Ventura Blvd.</td>
<td></td>
<td>CA</td>
<td>96001</td>
</tr>
</tbody>
</table>

Construction company

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

### 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

#### 3.1 (a) Travel Payment

- **Transportation Provider:** Seward L. Schreder
- **Location of Travel:** Bakersfield to Manteca and back
- **Dates:** September 11, 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging Expenses</td>
<td></td>
</tr>
<tr>
<td>Meal Expenses</td>
<td></td>
</tr>
<tr>
<td>Transportation Expenses</td>
<td>$600.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$600.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3.2. Payment Description
Travel to modular manufacturing facility in Manteca, CA.

#### 3.3. Identify the officials who used the payment in Section 3.1

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>Executive Vice President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>Maintenance Supervisor</td>
</tr>
</tbody>
</table>

### 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

**Signature:** Dena P. Maloney, Ed.D.

**Print Name:** Dena P. Maloney, Ed.D.

**Title:** Superintendent/President

**Date:** 9/30/14

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