Payment to Agency Report

1. Agency Name
Sacramento Municipal Utility District

Division, Department, or Region (if applicable)

Street Address
6201 S Street Sacramento, CA 95817-1899

Area Code/Phone Number 916 732-7416
Email Randall.Hakes@smud.org

Agency Name
Sacramento Municipal Utility District

Agency Contact (name and title)
Randall Hakes, Senior Attorney

2. Donor Name and Address

Donor Name and Address
Tennessee Valley Authority

400 W Summit Hill Drive
Knoxville TN 37920

The Tennessee Valley Authority is a corporate agency of the United States that provides electricity for business customers.

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

3.1 (a) Travel Payment

Location of Travel Murfreesboro, TN

Transportation Provider
United Airlines

Transportation Expenses $160.05

Meal Expenses $844.00

Other Expenses $163.57

Total Expenses $967.62

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

Dates (month, day, year)

Total Expenses

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


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

n/a

n/a

4. Verification

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

Signature Arlen Orchard
Print Name CEO & General Manager

Comment:

(Use this space or an attachment for any additional information)
Payment to Agency Report

1. Agency Name
Sacramento Municipal Utility District
Division, Department, or Region (if applicable)

Street Address
6201 S Street Sacramento, CA 95817-1899

Area Code/Phone Number
916 732-7416
Email
Randall.Hakes@smud.org

Agency Contact (name and title)
Randall Hakes, Senior Attorney

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moscow</td>
<td></td>
<td>University of Idaho</td>
<td>875 Perimeter Drive</td>
<td>Moscow</td>
<td>ID</td>
<td>83844</td>
</tr>
</tbody>
</table>

University of Idaho is a public institution committed to undergraduate and graduate education.

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
<th>Southwest Airlines</th>
<th>$92.00</th>
<th>Rail</th>
<th>Air</th>
<th>$458.96</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
<th>$160.94</th>
<th>$711.90</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>$</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

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

Travel to Idaho for the UIEC Summit. Other expenses include vehicle mileage, parking and rental car rides.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
</table>

4. Verification

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

Signature
Arlen Orchard
CEO & General Manager

Print Name
Title

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

FPFP Form 801 (Jan/18)
advice@fppc.ca.gov
Payment to Agency Report  

1. Agency Name  
Sacramento Municipal Utility District  

Division, Department, or Region (if applicable)  

Street Address  
6201 S Street Sacramento, CA 95817-1899  

Area Code/Phone Number  
916 732-7416  

Agency Contact (name and title)  
Randall Hakes, Senior Attorney  

2. Donor Name and Address  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Public Power Association</td>
<td>2451 Crystal Drive, Suite 1000 Arlington VA 22202</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

American Public Power Association is the voice of not-for-profit, community-owned utilities that power 2,000 towns & cities.  

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:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

3.1 (a) Travel Payment  

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
<th>American Airlines</th>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York, NY</td>
<td>10/13/2019 - 10/15/2019</td>
<td></td>
<td>Check Applicable Boxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Lodging Expenses: $299.00  
- Meal Expenses: $745.00  
- Transportation Expenses: $179.84  
- Other Expenses: $1,223.84  
- Total Expenses: $2,443.44  

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

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>$</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.  
Travel to New York, NY for the Governmental Accounting Standards Advisory Council meeting. Other expenses include vehicle mileage, luggage fees, parking and shuttle rides.  

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
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<tr>
<td>n/a</td>
<td></td>
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</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

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

Jennifer Davidson  
Chief Financial Officer  

Signature  
Print Name  
Title  

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov
Payment to Agency Report

1. Agency Name
Sacramento Municipal Utility District
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Street Address
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Area Code/Phone Number
916 732-7416

Email
Randall.Hakes@smud.org

Agency Contact (name and title)
Randall Hakes, Senior Attorney

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>1201 Market Street, Unit 1100</td>
<td>Wilmington</td>
<td>DE</td>
<td>19801</td>
</tr>
<tr>
<td>Other</td>
<td>Nuclear Electric Insurance Limited</td>
<td>1201 Market Street, Unit 1100</td>
<td>Wilmington</td>
<td>DE</td>
</tr>
</tbody>
</table>

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

3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses $222.88</th>
<th>Other Expenses</th>
<th>Total Expenses $1,301.06</th>
</tr>
</thead>
<tbody>
<tr>
<td>$602.18</td>
<td>$476.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

$_________  Dates (month, day, year)  $_________

<table>
<thead>
<tr>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________</td>
</tr>
</tbody>
</table>

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

Travel to Philadelphia for the NEIL Risk and Insurance Workshop. Other expenses include luggage fees and taxi rides.

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

<table>
<thead>
<tr>
<th>Last Name</th>
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4. Verification

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

Signature: Jennifer Davidson  Print Name: Chief Financial Officer  Title: (month, day, year)

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