Alicia

Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd.

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title): Mike Rademaker CEO/HM

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☑ Individual — Last Name: Williams — First Name: Alicia — ☐ Other — Name: _____

Address: 1926 Parkway Dr. — City: Crescent City — State: CA — Zip Code: 95531

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:

Dates (month, day, year) _____ $ Total Expenses _____

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

Books, plants, seeds, herbs, seashells, tin & basil filled mason jars. Donation for 7/4/26 Fundraiser. $295 value.

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

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	Print Name	Title	(month, day, year)
[signature]	MIKE RADEMAKER	CEO/HARBORMASTER	7/14/26

Comment: Donation of time & items to benefit CCHD for creation of reserve account for federal loan requirement

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

Home Depot

Payment to Agency Report — A Public Document

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1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd.

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title)

Mike Rademaker CEO/Hm

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual — Last Name: Bjorkstrand — First Name: Erik

☑ Other — Name: Home Depot

Address: 520 Hwy 101 — City: Crescent City — State: CA — Zip Code: 95531

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

local hardware store

→ 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:

Dates (month, day, year) _____ $ Total Expenses _____

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

1 shade canopy, tape (for pricetags). Donation for harbor use during events

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 _____ Mike Rademaker Print Name — CEO/Hm Title — 7/14/26 (month, day, year)

Comment: Home Depot doesn't have or anticipate having business with the district

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

Sunseekers

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1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title)

Mike Rademaker CEO/HM

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual Carpenter (Last Name) Andre (First Name)

☑ Other Sunseekers (Name)

425 L Street #G (Address) Crescent City (City) CA (State) 95531 (Zip Code)

local farming and gift, clothing store

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:

Dates (month, day, year) _____ $ Total Expenses _____

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

hat, sarong, t-shirt, 2 pair of earrings ($138.45 retail value).
Donation for 7/4th Fundraiser.

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 _____ Mike Rademaker (Print Name) CEO/HM (Title) 7/14/26 (month, day, year)

Comment: Sunseekers doesn't have or anticipate having business with the district.

Enoteca

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1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd

Area Code/Phone Number: 707-464-6174

Email: office staff@ccharbor.com

Agency Contact (name and title)

Mike Rademaker CEO/Hrm

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual Winkleman (Last Name) Darryl (First Name) ☑ Other Enoteca (Name)

960 3rd Street (Address) Crescent City (City) CA (State) 95531 (Zip Code)

Local Bar & restaurant

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:

Dates (month, day, year) _____ $ Total Expenses _____

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

5 qty $10 giftcards ($50 retail value). Donation for 7/4/26 fundraiser

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 _____ Mike Rademaker (Print Name) CEO/Hrm (Title) 7/14/26 (month, day, year)

Comment: Enoteca doesn't have or anticipate having any matter or business dealings with the

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

Safeway

Payment to Agency Report — A Public Document

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1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title)

Mike Rademaker CEO/HM

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual Story (Last Name) Lisa (First Name)

☑ Other Safeway (Name)

475 M Street (Address) Crescent City (City) CA (State) 95531 (Zip Code)

local grocery store

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:

Dates (month, day, year) _____ $ Total Expenses _____

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

5 qty $20 gift cards ($100 retail value). Donation for 7/4/26 fundraiser.

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 _____ Mike Rademaker (Print Name) CEO/HM (Title) 7/14/26 (month, day, year)

Comment: Safeway doesn't have or anticipate having any matter or business dealing with the district.

Redwood Curtain BBQ

Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

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1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

101 Citizens Dock Rd Admin Dept.

Street Address

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title): Mike Rademaker CEO/Hm

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual — Last Name: Jackson — First Name: Steven

☒ Other — Name: Redwood Curtain BBQ

Address: 1124 Hwy 101 — City: Crescent City — State: CA — Zip Code: 95531

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

local restaurant (drive thru)

→ 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: Dates (month, day, year) _____ $ Total Expenses _____

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

6 small, 1 medium, 1 large T-shirts (8 total) @ $44 retail value. Donation for 7/4/26 fundraiser.

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

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	Print Name	Title	(month, day, year)
	Mike Rademaker	CEO/Hm	7/14/26

Comment: RCB doesn't have or anticipate having any matter or business dealing with the district.

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

Clear Page

Swell

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1. Agency Name

Crescent City Harbor District

Division, Department/or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd.

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title)

Mike Rademaker CEO/Hm

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual — Davis (Last Name) Kenny (First Name)

☑ Other — SWELL COFFEE (Name)

1443 Northcrest Dr (Address) Crescent City (City) CA (State) 95531 (Zip Code)

local coffee shop

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: _____ (Dates (month, day, year)) $ _____ (Total Expenses)

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

3 count $6 gift cards; total $18. Donation for 7/4/26 fundraiser.

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

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] (Signature) Mike Rademaker (Print Name) CEO/Hm (Title) 7/14/26 (month, day, year)

Comment: Swell Coffee doesn't have or anticipate having any matter or business dealing with the district.

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

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

Clear Page

Johnston's Gifts

Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form **801**

For Official Use Only

Date Stamp

1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

16 Citizens Dock Rd

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title): Mike Rademaker CEO/HM

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual: Johnston (Last Name) Sheri (First Name)

☑ Other: Johnston's Gifts (Name)

962 3rd Street (Address) Crescent City (City) CA (State) 95531 (Zip Code)

local gift store

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:

Dates (month, day, year) _____ $ Total Expenses _____

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

egg dish, local towel, scarf, hand cream, crackers ($60 retail value).
Donation for 7/4/26 fundraiser.

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 _____ MIKE RADEMAKER (Print Name) CEO/HARBORMASTER (Title) 7/14/26 (month, day, year)

Comment:

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

Clear Page

Fisherman's

Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

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Date Stamp

1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd.

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title): Mike Rademaker CEO/HM

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address Brown Tiffany

☐ Individual — Last Name: Brun — First Name: Tiffany

☑ Other — Name: fishermans Restaurant

Address: 700 Hwy 101 — City: Crescent City — State: CA — Zip Code: 95531

$30 GiftCert, coffee cup, sticker, bottle opener, keychain

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

local restaurant

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: 6/30/2026 (Dates (month, day, year)) $ $60 retail value (Total Expenses)

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

Assorted gift shop merchandise
Donation for 7/4/26 fundraiser.

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 _____ Mike Rademaker (Print Name) CEO/HM (Title) 7/14/26 (month, day, year)

Comment: fishermans Restaurant doesnot have, or anticipate having any matter or business dealing with the district.

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

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

Clear Page

Chartroom

Payment to Agency Report — A Public Document

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Date Stamp

1. Agency Name

Crescent City Harbor District

Division, Department, or Region (if applicable)

Admin. Dept.

Street Address

101 Citizens Dock Rd

Area Code/Phone Number: 707-464-6174

Email: officestaff@ccharbor.com

Agency Contact (name and title)

Mike Rademaker CEO/Hm

☐ Amendment (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual — Last Name: Rideout — First Name: Pat

☑ Other — Name: Chartroom Restaurant

Address: 130 Anchor Way — City: Crescent City — State: CA — Zip Code: 95531

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

local restaurant

→ 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:

Dates (month, day, year) _____ $ Total Expenses _____

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

2 artisan mags with 2 gift certificates up to $50 each

Donation for 7/4/26 Fundraiser.

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 _____ Mike Rademaker (Print Name) CEO/Hm (Title) 7/14/26 (month, day, year)

Comment: Chartroom does not anticipate other business with the district - it operates on district property

Kim

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Date Stamp

1. Agency Name
Crescent City Harbor District
Division, Department, or Region (if applicable)
Admin. Dept.
Street Address
[D] Citizens Dock Rd
Area Code/Phone Number: 707-464-6174
Email: officestaff@ccharbor.com
Agency Contact (name and title): Mike Rademaker CEO/Hm

☐ Amendment (explain in comment section)
Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address
☑ Individual Cisneros (Last Name) Kimberly (First Name) ☐ Other _____ (Name)
620 N. Pebble Beach Dr. (Address) Crescent City (City) CA (State) 95531 (Zip Code)

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: _____ (Dates (month, day, year)) $ _____ (Total Expenses)

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

$50 donation to QR Code (set up by CCHD), for 7/4/26 fundraiser. Straight donation not for gift packages.

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] (Signature) Mike Rademaker (Print Name) CEO/Hm (Title) 7/14/26 (month, day, year)

Comment: Donor has used harbor property for event to benefit local youth/students at DNUSD.
(Use this space or an attachment for any additional information)