

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
WESTERN MUNICIPAL WATER DISTRICT			
Division, Department, or Region (if applicable)			
Street Address 450 E. ALESSANDRO BLVD. RIVERSIDE, CA. 92508-2449			
Area Code/Phone Number 951-789-5024	E-mail pwebster@wmwd.com	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) PATTI A. WEBSTER, EXECUTIVE ASSISTANT		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other BEST BEST & KRIEGER

_____ Last Name _____ First Name _____ Name

5 Park Plaza, Suite 1500 _____ Irvine _____ Ca _____ 92614

Address _____ City _____ State _____ Zip Code _____

Attorneys at Law

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) solicited or received by the donor for this gift:

_____ \$ _____ Name _____ \$ _____ Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12-3-08 \$ 428.61

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Madison Restaurant, Long Beach, Ca.

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Attend business reception with general counsel on behalf of District as a part of attending ACWA conference.

Identify the officials for whom the payment was used:

<u>Rugge</u> Last Name	<u>Paul</u> First Name	<u>Asst. General Mgr./CAO</u> Title	<u>Administration</u> Department/Division
<u>Minkler</u> Last Name	<u>Jeff</u> First Name	<u>Chief Financial Officer</u> Title	<u>Finance</u> Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 _____ Paul Rugge _____ Assistant General Mgr./CAO _____ 1/3/08

Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Attachment

Identify the officials for whom the payment was used:

Rosentrater	Phil	External Affairs Officer	External Affairs
Last Name	First Name	Title	Department/Division