

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name WESTERN MUNICIPAL WATER DISTRICT		Date Stamp	California Form 801 For Official Use Only
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 MWH

_____ Last Name First Name Name
618 Michillinda Ave. Suite 200 Arcadia Ca 91007
Address City State Zip Code

Consulting Firm _____
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	_____ Name	\$ _____ Amount
------------	-----------------	------------	-----------------

3. Payment Information

Date and Amount of Payment (other than travel) 12-4-08 \$ 100.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel 555 Restaurant, Long Beach, Ca.

_____ Date(s) of Travel	\$ _____ Transportation Expenses	\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
-------------------------	----------------------------------	---------------------------	------------------------	-------------------------	-------------------------

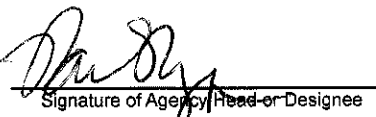
Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

<u>Sims</u> Last Name	<u>Jeff</u> First Name	<u>Assistant General Mgr.</u> Title	<u>Engineering</u> Department/Division
<u>Rosentrater</u> Last Name	<u>Phil</u> First Name	<u>External Affairs Officer</u> Title	<u>External Affairs</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 Ruge Assistant General Mgr./CAO 3/19/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Gift to Agency Report

A Public Document

Attachment

Identify the officials for whom the payment was used:

<u>Minkler</u>	<u>Jeff</u>	<u>Chief Financial Officer</u>	<u>Finance</u>
Last Name	First	Title	Dept/Division

<u>Jackson</u>	<u>Tedi</u>	<u>Public Affairs Manager</u>	<u>Public Affairs</u>
Last Name	First	Title	Dept/Division

<u>Rugge</u>	<u>Paul</u>	<u>Assistant General Mgr/CAO</u>	<u>Administration</u>
Last Name	First	Title	Dept/Division