

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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

2. Donor Name and Address

Individual _____ Other Best Best & Kreiger

Last Name: _____ First Name: _____ Name: _____
 Address: 3750 University Ave. Suite 400 City: Riverside State: Ca Zip Code: 92502

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	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) May 3, 2010 \$ 251.00
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Portola Hotel, Monterey, Ca.

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

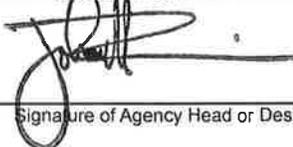
Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

<u>Rossi</u> Last Name	<u>John</u> First Name	<u>General Manager</u> Title	_____ Department/Division
<u>Rosentrater</u> Last Name	<u>Phil</u> First Name	<u>External Affairs Manager</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.


 _____ John V. Rossi _____ General Manager _____ 06/29/10
 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:

<u>Rugge</u>	<u>Paul</u>	<u>Assist. GM/CAO.</u>	<u>Administration</u>
Last Name	First	Title	Dept/Division