

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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) PATTI A. WEBSTER, EXECUTIVE ASSISTANT			

2. Donor Name and Address

Individual _____ Other WEBB ASSOCIATES

Last Name		First Name		Name	
3788 McCray Street		Riverside		Ca 92506	
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) 12-3-08 \$ 150.00

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

Travel Payment Information (Round to whole dollars) Location of Travel 555 E. American Steakhouse, 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 consultant on behalf of District as a part of attending ACWA conference.

Identify the officials for whom the payment was used:

<u>Sims</u>	<u>Jeff</u>	<u>Assistant General Mgr.</u>	<u>Engineering</u>
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	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.

	<u>Paul Rugga</u>	<u>Assistant General Mgr./CAO</u>	<u>1/3/09</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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