

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 14205 Meridian Parkway, Riverside, CA 92518			
Area Code/Phone Number (951) 571-7224	E-mail jperry@wmwd.com	<input checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jean Perry, Executive Assistant		Date of Original Filing: <u>8/22/2011</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Metropolitan Water District of Southern Calif

_____ Last Name First Name Name
700 North Alameda Los Angeles CA 90012-2944
Address City State Zip Code

Water District
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) July 22, 2011 \$ 375.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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:

Attendance at the Corona Chamber Annual Legislative Program Dinner

Identify the officials for whom the payment was used:

<u>Mercardante</u>	<u>Maria</u>	<u>Gov't Affairs Admin I</u>	<u>Government Affairs</u>
Last Name	First Name	Title	Department/Division
<u>Lopez</u>	<u>S.R. "Al" & Martha</u>	<u>Director & Spouse</u>	_____
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.

 _____ John Rossi _____ General Manager _____ 04/23/2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Amended to include description of event