

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Helix Water District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) 7811 University Avenue			
Street Address La Mesa, CA 91941			
Area Code/Phone Number 619-667-6204	E-mail lorri.rarick@helixwater.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Lorri Rarick, Filing Officer			

2. Donor Name and Address

Individual _____ Other Best Best & Krieger

_____	_____	_____	_____
Last Name	First Name	Name	
<u>5 Park Plaza, Suite 1500</u>	<u>Irvine</u>	<u>CA</u>	<u>92614</u>
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	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/3/08 \$ 1,000.00
 (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:

Reception and Dinner at Fall Association of California Water Agencies Conference

Identify the officials for whom the payment was used:

(Please see attached list for additional attendees.)

<u>Muse</u>	<u>Chuck</u>	<u>Director</u>	<u>Board of Directors</u>
Last Name	First Name	Title	Department/Division
<u>Verbeke</u>	<u>DeAna</u>	<u>Director</u>	<u>Board of Directors</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.

<u>Mark S. Weston</u>	<u>Mark S. Weston</u>	<u>General Manager</u>	<u>12/17/08</u>
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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Section 3. Payment Information:

Additional attendees for whom the payment was used:

Smith, Richard	Director	Board of Directors
Coates-Hedberg, Kathleen	Director	Board of Directors
Weston, Mark	General Manager	
Stauffer, Karen	Director of Administrative Services	
Bartlett-May, Donna	Board Secretary	