

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Olivenhain Municipal Water District		Date Stamp JUN 26 2009	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Filing Officer & HR Manager			
Street Address 1966 Olivenhain Road, Encinitas, Ca 92024			
Area Code/Phone Number 760-753-6466	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Thomas Wood, Human Resources Manager		Date of Original Filing: 06/26/2009 (month, day, year)	

2. Donor Name and Address

Individual _____ Other Underground Solutions, Inc. (UGSI)

Last Name: _____ First Name: _____ Name: _____
 13135 Danielson Street Suite 201 Poway CA 92064
 Address City State Zip Code

Underground Solutions, Inc. (UGSI) provides infrastructure technologies for water, sewer and conduit applications.
 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) 06/15/2009 \$ 540.00
 (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:
 4 - \$135 tickets to the AWWA ACE 2009 National Conference Exhibit session were provided. This is a Water Industry Conference. Employees attended exhibits and seminars to learn about new technologies in the Water Industry. The Conference was held at the San Diego Convention Center, Downtown San Diego.

Identify the officials for whom the payment was used:

<u>Bean</u> Last Name	<u>Dan</u> First Name	<u>Operations Supv</u> Title	<u>Operations-Construction</u> Department/Division
<u>Cohen</u> Last Name	<u>Marvin</u> First Name	<u>Utility III - Crew Leader</u> Title	<u>Operations-Construction</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.

Thomas Wood Thomas Wood Filing Officer & HR Mgr. 6/26/09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Others attending: (Hourly employees): Evan DeWindt, Utility I - Construction; Martin Amador Systems Operator I.