

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

Individual \_\_\_\_\_  Other Infor Enterprise Asset Management

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 641 Avenue of the Americas New York NY 10011  
 Address City State Zip Code

Infor EAM develops software that assists in preventative maintenance and upkeep of municipal water, sewer, and transit systems.

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) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Transportation Provider \_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

\$ \_\_\_\_\_ Lodging Expenses    \$ \_\_\_\_\_ Meal Expenses    \$ \_\_\_\_\_ Transportation Expenses    \$ \_\_\_\_\_ Other Expenses    \$ \_\_\_\_\_ Total Expenses

3.1 (b) Payment(s) not related to travel:      9/15/14-9/18/14      \$ 1,695.00

\_\_\_\_\_ Dates (month, day, year)      \_\_\_\_\_ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Infor EAM provided OMWD a complimentary registration to the 2014 Inforum Conference at the Ernest N. Morial Convention Center at 900 Convention Center Blvd., New Orleans, LA 70130. An OMWD Representative will be presenting "Using EAM to Develop Statistical Model for Water System Valve Failure".

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Williams	Chad	Engineering Services Supervisor	Engineering
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

*Kimberly Thorner*      Kimberly Thorner      General Manager      9/17/14  
 Signature      Print Name      Title      (month, day, year)

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