

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Ramona Municipal Water District		Date Stamp RECEIVED NOV 22 2010 RAMONA MUNICIPAL WATER DISTRICT	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Board of Directors			
Street Address 105 Earlham St.		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>Nov. 22, 2010</u> (month, day, year)	
Area Code/Phone Number 760-788-2251	E-mail smcgarry@rmwd.org		
Agency Contact (name and title) Sherry McGarry, Administrative Secretary			

2. Donor Name and Address

Individual _____ Other Metropolitan Water District of So. California

Last Name: _____ First Name: _____ Name: _____
700 N. Alameda Street Los Angeles CA 90012-2944
 Address City State Zip Code

Business -- The District is a consortium of 26 cities that provides drinking water

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) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Colorado River Aqueduct & surroundings

<u>Nov 5 - 6, 2010</u>	\$ <u>7.81</u>	\$ <u>15.00</u>	\$ <u>75.22</u>	\$ _____	\$ <u>98.03</u>
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:

Colorado Aqueduct Inspection Tour visiting San Vicente Reservoir, Twin Oaks Treatment Plant, Diamond Valley Lake, Copper Basin, Whitsett Intake Pumping Plant, Parker Dam, All-American Canal & Palo Verde Irrigation District .

Identify the officials for whom the payment was used:

<u>Robinson</u>	<u>Jim</u>	<u>President</u>	<u>Board of Directors</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.

Ralph D. McIntosh Ralph D., McIntosh General Manager 11/22/10
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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