Payment to Agency I	Report	A Public [Document		PAYME	ENT TO AGENCY REPO	
. Agency Name		180		Date Stamp	000	lifornia OO	
Desert Water Agency						Form OU	
Division, Department, or Region (if applicable)						For Official Use Only	
Street Address		and the second s	78				
1200 S. Gene Autry Trail,	Palm Springs, CA 9	2264					
Area Code/Phone Number	Email			☐ Amondment	(explain in comn	cent section)	
760-323-4971	sbaca@dwa.org			4-7	30 30	8	
Agency Contact (name and title)				Date of Original Filing: 03/26/19 (month, day, year)			
Sylvia Baca/Assistant Sec	cretary of the Board					,,,,	
. Donor Name and Addı	ress			2000 200 200			
☐ Individual			_ ☑ Other	Metropolitan W		of Southern CA	
Last Name 700 N. Alameda Ave.	First	Name Los Angeles	A T 10.00		Name A 9	0012	
Address		City			70 (8)	p Code	
Regional Water Wholesal	er	1200001 *				◆ 500000 - 300 50000	
If "Other" is marked, describe the enti		ness) or its nature and	interests.			 	
> If and limble	idealife the second of						
	, identify the name of e	each source and ti	ne amount(s) re	eceived by the dor	or for this pa	yment:	
Name	\$	Amount		Name		\$	
	0 110 11	1001011010101010101					
Payment Information (and the second s	at the first control of the control			4104440 041	20110	
3.1 (a) Travel Payment		NV/Parker Dam	, CA		4/24/18-04/		
Southwest Airlines		Location of Travel		5	(Clark St. St. St. St. St.	onth, day, year)	
Transportation Provider			Bus □ Auto	Other B	est Westerr	Lodging Facility	
2,613.38		Check Applicable I		0.00		,217.37	
\$	\$	\$ 8,678.34 Transportation E	\$_	Other Expenses		otal Expenses	
3.1 (b) Payment(s) not r	elated to travel:		n/a	s 0	.00		
or (b) raymont(o) not r	oluted to travel.		Dates (month, d	ay, year)	Tota	al Expenses	
3.2. Payment Descriptio	n. Provide a speci	fic description	of the navme	ent and its agen	icy nurnos	e and use	
		3,53	05/ 05/	· ·	#0. 5 (E)		
Flight, meals and lode			and the pub	lic to attend e	ducationa	ıl trip of Hoove	
Dam and the Colorad	lo River Aqueduc	:t.					
3.3. Identify the officials	who used the pay	ment in Sectior	1 3.1 (See instruc	ctions)			
Krause	Mark		General Manager		Management		
Last Name	First Nam	ne	Posi	tion/Title	Dep	partment/Division	
Stuart	Joseph		Board President		Board of Directors		
Last Name First Na				tion/Title		Department/Division	
Verification							
I authorized the acceptance	e of the reported no	vment(e) ae in o	ompliance wit	h FPPC regulati	ione		
m / / 1/	, // Mark	S. Krause			0113.	03/26/19	
Signature	iviark_	Print Name	G	eneral Manager Title			
Signature		FIIII INAMIE		iitie		(month, day, year)	
Comment:							
(Use this space or an attachmen	t for any additional inform	nation)					