

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Desert Water Agency

Division, Department, or Region (if applicable)

Street Address

1200 S. Gene Autry Trail, Palm Springs, CA 92264

Area Code/Phone Number

(760) 323-4971

Email

sbaca@dwa.org

Agency Contact (name and title)

Sylvia Baca/Assistant Secretary of the Board

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 03/25/19 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Metropolitan Water District of Southern CA

Name

700 N. Alameda Ave.

Los Angeles

CA

90012

Address

City

State

Zip Code

Regional Water Wholesaler

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

Sacramento

09/09/18 - 09/11/18

Location of Travel

Dates (month, day, year)

Southwest Airlines

Rail

Air

Bus

Auto

Other

Embassy Suites

Transportation Provider

Check Applicable Boxes

Name of Lodging Facility

\$ 22,130.00

\$ 205.00

\$ 7,200.00

\$ Other Expenses

\$ 29,535.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

n/a

Dates (month, day, year)

\$

Total Expenses

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

Lodging, flight and meal expenses for an educational trip of the State Water Project facilities for elected officials, staff and the public.

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

Krause

Mark

General Manager

Mgmt/Board/Eng/Outreach

Last Name

First Name

Position/Title

Department/Division

Johnson

Steve

Asst. General Manager

Mgmt

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.

Signature

Mark S. Krause

Print Name

General Manager

Title

03/25/19

(month, day, year)

Comment:

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