Gift to Agency Rep	ort A Publ	ic Document	t	GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California OO4
San Diego County Water Authority				Form OUI
Division, Department, or Region (if applicable)				For Official Use Only
Street Address			1	
4677 Overland Avenue	, San Diego, CA 92123			
Area Code/Phone Number	er E-mail		Amendment (eynta	ain in comment section)
858-522-6728	emendelson@sdcwa.org		Zanonamone (oxpre	an in comment section;
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Elizabeth Mendelson, A	Assistant Water Resources Specia	list		,,, ,,
2. Donor Name and Ad	dress			
☐ Individual		X Other	Metropolitan Water	District of Southern CA
Last Name	First Name	_		Name
700 North Alameda Str	eet Los Ange	les	CA State	90012 Zip Code
	•		State	Zip Code
	- Wholesale Water Provider entity's business activity (if business) or its nature	and interests.		
	ame of each source and the amount(s		and by the department	aift.
if applicable, identity the na	ame of each source and the amount(s) solicited of receive	ed by the donor for this	giit.
	\$			\$
3. Payment Information	Amount		Name	Amount
	- \$_447.60 \$_168.38 Transportation Expenses \$_Lodging Exper	\$ 95.	•	9 711.09 Total Expenses
	for whom the payment was u Debra First Name	sed:		1WD Program Department/Division
				·
Last Name	First Name		Title	Department/Division
4. Verification				
	in the interests of the agency to accep	ot this gift and use i	it for the official agency	business described above.
Cos m	Elizabeth Mendelson	Assis	stant Water Resource	es Spi 03/14/2012
Signature of Agency Head or D		- 1301	Title	(month, day, year)
Comment: (Use this space	or an attachment for any additional inform	ation.)		