

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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

2. Donor Name and Address

Individual _____ Other Poseidon Resources

Last Name: _____ First Name: _____ State: Ca Zip Code: 92101
501 W. Broadway, Suite 2020 San Diego
 Address City State Zip Code

Poseidon Resources specializes in developing and financing water infrastructure projects, primarily seawater desalination and water treatment plants. 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) 5/20/2010 \$ 150
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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:


Poseidon Resources provided 1 ticket to the 5/20/10 San Diego Taxpayers Association Dinner at the Town & Country Convention Center in Mission Valley, 500 Hotel Circle North, San Diego, California 92108. OMWD was up for an award and nominated as a "Regional Golden Watchdog finalists".

Identify the officials for whom the payment was used:

<u>Topolovac</u>	<u>Robert</u>	<u>Board Director</u>	<u>Division 1</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.


Kimberly Thorner General Manager 6/7/2010
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

An additional ticket was provided by Poseidon to GM Kimberly Thorner. She will declare this on her 2010 Form 700.