Gift to Agency Report	A Public Do	cument		
1. Agency Name				GIFT TO AGENCY REPO
RUNNING SPRINGS Division, Department, or Region (in	WATER DISTRICT		Date Stamp	Form 80
FIRE DEPARTMEN				For Official Use Only
3/250 HITTOP BLUTA Area Code/Phone Number E-ma	1. Rumming Springs	# 9183Z		
(909) 867-2639 7.9. Agency Contact (name and title)			Amendment (expla	
TONY CRABOW			Date of Original Filing	:(month. day, year)
2. Donor Name and Address				
Individual Last Name	First Name	[≥]Other .	RUNNING SPING	S AREA GOIDEN O.
P.O. BOK 1018 Address	Running Springs			Name 92382
SENICR CITIZEN'S If Other is marked, describe the entity's busines	GROUP ss activity (if business) or its nature and inter	proje	State	Zip Code
If applicable, identify the name of each	n source and the amount(s) solicite	ed or received	by the donor for this	gift:
Name Name	\$			<b>5</b>
. Payment Information			Name	Amount
Date and Amount of Payment (out  Travel Payment Information (Roun	d to whole dollars) Location of Tr.	avel		
Provide a specific description	i or the nature and use of t	he päyme	nt for official ago	ses Total Expenses
PARTIAL PURCHASE	OF NEW POWER	54014	, Funcial age	MCy business: ピ OF LIFE"
ldentify the officials for whom	the payment was used:			
Last Name	First Name	Title	27	Departmen//Division
Last Name	First Name	Title		Department/Division
Verification				
have determined that it is in the interes	its of the agency to accept this gift	and use it for	the official agency bu	isiness described above
Signature of Agency Head or Designee	Gary R. Vallada	) ser	Title	ger 10/09/09
Comment: (Use this space or an attachme			Title	(month, day, year)
		FPPC	C Toll-Free Helpline: 86	FPPC Form 801 (June/08) 6/ASK-FPPC (866/275-3772)