



e-FILING REPORT COVER SHEET

COMPANY NAME: Odell Water Company

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION?  No  Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.

Select report type:  RE (Electric)  RG (Gas)  RW (Water)  RT (Telecommunications)  RO (Other, for example, industry safety information)

Did you previously file a similar report?  No  Yes, report docket number:

Report is required by:  OAR  Statute  Order U1265 07-270 & U1190 01-562 Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket)  Other (For example, federal regulations, or requested by Staff)

Is this report associated with a specific docket/case?  No  Yes, docket number:

List Key Words for this report. We use these to improve search results.

Annual Affiliated Interest Water Utilities

Send the completed Cover Sheet and the Report in an email addressed to [PUC.FilingCenter@state.or.us](mailto:PUC.FilingCenter@state.or.us)

Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 3930 Fairview Industrial Drive SE, Salem, OR 97302.

This form must be electronically filed with the Public Utility Commission of Oregon at: [PUC.FilingCenter@state.or.us](mailto:PUC.FilingCenter@state.or.us) on or before May 31, 20XX

If you have questions about the form call Joan Grindeland at (503) 373-1003 or email: [joan.grindeland@state.or.us](mailto:joan.grindeland@state.or.us)

## Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

Utility Company Name: Odell Water Company
Address: PO Box 166, Odell, OR 97044
Telephone: 541-354-1885
Email: <a href="mailto:pkdavis@hrecn.net">pkdavis@hrecn.net</a>

### Annual Transactions for January 1 through December 31, 2017

(Please use this format and attach additional sheets if needed.)

Docket & Order No.*	Name of Affiliate And Description of Affiliation	Purpose of Transaction	Hours & Current Hourly Rate (If Applicable)	Annual Dollar Amount
U1265 07-270	Phil Davis	Wages		11748.00
	Patti Davis	Wages		11748.00
	Kathy Davis	Wages		6000.00
U1190 01-562	D & P Orchards	Labor, Equipment Rental Transportation		4731.23

Have any changes occurred to the utility, affiliate, or the affiliated relationships that affect any affiliated interest contracts?

- NO  
 YES - Using a separate sheet, please explain the changes and provide any other pertinent information.

Signature of responsible party: \_\_\_\_\_ Date: 6-3-18 \_\_\_\_\_

Printed name: \_Kathy Davis\_ Position held in utility: Sec/Treasurer \_\_\_\_\_

Telephone Number: \_\_\_\_\_ 503-720-6239 \_\_\_\_\_ E-mail: [pkdavis@hrecn.net](mailto:pkdavis@hrecn.net) \_\_\_\_\_

The Commission may request further information regarding any affiliated interest transaction.

\*If you do not know the docket or order number, please call and I will help you with that information. Please **do not** file the form with this section blank.