Oregon Public Utility Commission

e-FILING REPORT COVER SHEET

COMPANY NAME:

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 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.					
Affiliated Interest Annual Report					
Send the completed Cover Sheet and the Report in an email addressed to PUC.FilingCenter@puc.oregon.gov					
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 201 High Street SE Suite 100, Salem, OR 97301.					



Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

This form must be electronically filed with the OPUC at: PUC.FilingCenter@puc.oregon.gov on or before June 1, of each year.

Utility Comp	any Name: Charbonnea	u Water Co.		***************************************
	020 SW Charbonneau Di			
		., ************************************		
<u> </u>	503-694-1246			
Email: chris(@charbonneaugolfclub.c	com		· · · · · · · · · · · · · · · · · · ·
	Annual Transactions	s for January 1 through December 3	31. of each vear	
		this format and attach additional sheets if ne	•	
Docket	Name of Affiliate	Purpose	Hours & Current	Annual
&	And Description of	of	Hourly Rate	Dollar
Order No.*	Affiliation	Transaction	(If Applicable)	Amount
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*If vou do not	t know the docket or ord	er number, please call and staff will help y	you with that inform	ation.
		ection blank; if not affiliated interest exist		
Have any cha nterest contr		lity, affiliate, or the affiliated relationshi	ps that affect any a	ffiliated
nterest contr	acts:			
X, NO				
YES - Usin	ng a separate sheet, plea	ase explain the changes and provide any	other pertinent info	ormation.
ianatura of r	esponsible party:	Date:	4/21/23	
_				
Printed name:	CHRUS BENS	Position held in utility:	G.M.	
Telephone Nu	imber: <u>505 674-/</u>	246 E-mail: Curs	CHAKSONNETH	1 GOJFCU
The Commissi	on may request further	information regarding any affiliated inter	est transaction	

If you have questions about the form call Russ Beitzel at (971) 209-0533 or email: russell.beitzel@puc.oregon.gov

Revised 4/1/2022