



e-FILING REPORT COVER SHEET

COMPANY NAME: Clearwater Source LLC

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@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 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@state.or.us](mailto:PUC.FilingCenter@state.or.us) on or before May 31, 2020

Utility Company Name: CLEARWATER Source LLC
2121 Via Rivera Palos Verdes Estates, CA 90274
480. 322-7924
Email: amicompany@gmail.com

## Annual Transactions for January 1 through December 31, 2019

(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
		No affiliated interest transaction this year		

\*If you do not know the docket or order number, please call and staff will help you with that information. Please **do not** file the form with this section blank; if not affiliated interest exists please use N/A.

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: \_\_\_\_\_

Printed name: \_\_Alain Cailler\_\_\_\_\_ Position held in utility: President\_\_\_\_\_

Telephone Number: \_480 322 7924 \_email amicompany@gmail.com\_\_\_\_\_

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

If you have questions about the form call Russ Beitzel at (503) 378-6628 or email: [russell.beitzel@state.or.us](mailto:russell.beitzel@state.or.us)