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? Yes, report docket number: Report is required by: Statute Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket) (For example, federal regulations, or requested by Staff) Is this report associated with a specific docket/case? Yes, docket number: List Key Words for this report. We use these to improve search results. Send the completed Cover Sheet and the Report in an email addressed to 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 on or before May 31, 2019
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Utility Company Name: Odell Water Company
Address: PO Box 166, Odell, OR 97044
Telephone: 541-354-1885
Email: pkdavis@hrecn.net
Annual Transactions for January 1 through December 31, 2019

ons 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
U1265				11748.00
07-270	Phil Davis	Wages		
	Patti Davis	Wages		11748.00
	Kathy Davis	Wages		6000.00
U1190	,	Labor, Equipment Rental		
01-562	D & P Orchards	Transportation		4711.99

^{*}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: Signature of responsible party: Sign			
Printed name:Kathy Davis Position held in utility:Sec./Treasurer			
Printed nameKathy Davis Coastant			
Telephone Number:503-720-6239 E-mail: pkdavis@hrecn.net			
The Commission may request further information regarding any affiliated interest transaction.			