e-FILING REPORT COVER SHEET



COMPANY NAME: WILLAMETTE 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: 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.				
AFFILATED INTEREST ANNUAL REPORT				
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.				

This form must be electronically filed with the Public Utility Commission of Oregon at: 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

Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

		OAN 800 030-2300		
Utility Comp	any Name: WILLAMET	TE WATER COMPANY		
Address: PO	BOX 876 VENETA OR 97	7487		
Telephone:	541-935-1050			
Email: JEFFD	@FRLLC.COM			
		tions for January 1 through Decemb		
Docket & Order No.*	Name of Affiliate And Description of Affiliation	Purpose of Transaction	Hours & Current Hourly Rate (If Applicable)	Annual Dollar Amount
		NO AFFILATE INTEREST TRANSACTIONS THIS YEAR		
Have any char interest contra		ility, affiliate, or the affiliated relationship	os that affect any af	filiated
NO YES - Using	a separate sheet, please	explain the changes and provide any other p	ertinent information.	
Signature of re	esponsible party:	Date:	May 11, 2018	
Printed name:	Jeff Demers Position	held in utility: DIRECTOR OF OPERATIONS		*
Гelephone Nui	mber: 541-935-1015 E	-mail: JEFFD@FRLLC.COM		
Γhe Commissio	on may request further	information regarding any affiliated intere	st 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.

Al template Revised 2/20/2018