

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Orange County Water District Division, Department, or Region (if Applicable)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Michael R. Markus, General Manager			
Area Code/Phone Number 714-378-3305	E-mail mmarkus@ocwd.com	<input type="checkbox"/> Amendment (Must provide explanation in Part 3) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100.00

Event Description NWRI Clarke Prize Event Date(s) 11 / 07 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: National Water Research Institute
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Markus, Michael
Official's Name (Last, First)

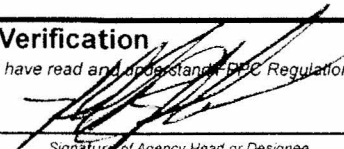
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Orange County Water District, Health and Regulatory Department	2	Member agency representation
Orange County Water District, Laboratory Dept	4	Member agency representation
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cathy Green and guest		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> Member agency representation
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 _____ Michael R. Markus _____ General Manager _____ 1/7/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)