

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Orange County Water District Division, Department, or Region (if applicable) Street Address 18700 Ward Street, Fountain Valley, CA 92708 Area Code/Phone Number Email 714-378-3200 mmarkus@ocwd.com Agency Contact (name and title) Michael Markus, General Manager		Date Stamp California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual _____ Other OC Register

Last Name: _____ First Name: _____ Name: _____
 2190 S. Towne Centre Place Anaheim CA 92806
 Address City State Zip Code
 Newspaper _____

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____	_____ \$ _____
Name Amount	Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

Transportation Provider Rail Air Bus Auto Other
 Check Applicable Boxes Name of Lodging Facility _____

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 400.00

_____ Dates (month, day, year) _____ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Plaque commemorating Groundwater Replenishment System groundbreaking ceremony

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Sarmiento	Vicente	President	OCWD Division 8
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	Michael R. Markus	General Manager	07/02/20
_____	_____	_____	_____
Signature	Print Name	Title	(month, day, year)

Comment:
(Use this space or an attachment for any additional information)

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