

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

A Public Document

<b>1. Agency Name</b> Orange County Water District		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Michael R. Markus, General Manager			
Area Code/Phone Number 714-378-3205	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 \$ 150.00

Event Description: NWRI Clarke Prize Dinner Date(s) 10 / 19 / 19  
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? Yes ☒ No ☐ If yes: Michael R. Markus, General Manager  
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Health & Regulatory Dept and General Manager's Office	4	agency representation
Research & Development Laboratory	5	agency representation

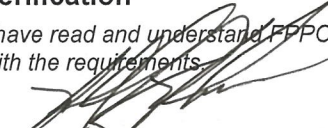
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rowe, Kelly	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: agency representation
Brandman, Jordan	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: agency representation

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	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	11/20/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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<b>Division, Department, or Region</b> <i>(if applicable)</i>			
<b>Designated Agency Contact</b> <i>(Name, Title)</i> Michael R. Markus, General Manager			<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>
<b>Area Code/Phone Number</b> 714-378-3205	<b>E-mail</b> mmarkus@ocwd.com		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 225.00

Event Description: So Cal Water Coalition Dinner Date(s) 10 / 24 / 19      /      /       
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Markus, Michael  
Name of Source  
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rowe, Kelly	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FRPC 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	11/27/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_