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

**A Public Document** 

1.	Agency Name		Date Stamp	California Q02				
	Orange County Water Distri	ct		Form OUZ				
	Division, Department, or Reg	ion (if applicable)	12	For Official Use Only				
						,		
	Designated Agency Contact (	Name, Title)						
	Michael R. Markus, General	ichael R. Markus, General Manager				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Americanient (iviust Flovide Explanation in Part 3.)			
	714-378-3205	om		Date of Original Filing:(month, day, year)				
2.	Function or Event Infor							
	Does the agency have a tick	⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>150.00</u>				
	Event Description: NWRI CI		Date(s) 10 / 19 / 19					
		Provide Title/Explai						
	Ticket(s)/Pass(es) provided	by agency? Yes [	Water Research Institut					
	Was ticket distribution made	at the behest Yes	R. Markus, General Ma	anager				
	of agency official?	165	Official's Name (Last, First)					
_								
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul>							
	• Use Section A to identify the agen	cy's department or unit. •		dentity an individ I	ual. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy			
	Health & Regulatory Dept and General Manager's Office		4	agency repre	presentation			
	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		monial Role Other M Income Coking "Ceremonial Role" or "Other" describe below: resentation			
	Brandman, Jordan		1	If check	nonial Role Other Important Income Impor			
				agency repre	esentation			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy			
4.	Verification	/						
	I have read and understand PP with the requirements	PC Regulations 18944	that the distribution set for	th above, is in accordance				
	Malle	l R. Markus		General Manager	11/20/19			
			int Name		Title	(month, day, year)		
	Comment:			.,				

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1.	Agency Name		Date Stamp	California OOO						
	Orange County Water District					Form OUZ				
	Division, Department, or Region (if applicable)					For Official Use Only				
	Designated Agency Contact (	Name, Title)	1							
	Michael R. Markus, General	Manager								
	Area Code/Phone Number   E-mail				Amendment (Must Provide Explanation in Part 3.)					
	714-378-3205	mmarkus@ocwd.com			Date of Original Filing:					
2.	Function or Event Information									
	Does the agency have a tick	Each Ticket/Pass \$ 2	25.00							
	Event Description: So Cal W		Pate(s) 10 / 24 / 19							
	Event Description:	Provide Title/ Expla	ate(s)							
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no									
			Name of Source							
	Was ticket distribution made	at the behest Yes	Michael  Official's Name (Last, First)							
	of agency official?		Omorar a rvame (Last, 1 mst)							
3.	Paginianta									
ο.	-	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.								
	and the second s	o, o deput iment of diffic	Number	enerry an marvid	- Ose occion C to iden	tiry an outside organization.				
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency		rsuant to the agency's policy					
			Fasses							
		Number	Number							
	B. Name of India (Last, Firs		of Ticket(s)/ Passes		Identify one of the	following:				
		, , , , , , , , , , , , , , , , , , , ,	1 40000	Caram	nonial Role 🗵 Other 🛭	Income				
	Rowe, Kelly		1 1		king "Ceremonial Role" or "Other" de	· · · · · · · · · · · · · · · · · · ·				
	rtowe, rtelly		'							
				Cerem	nonial Role Other	Income				
					king "Ceremonial Role" or "Other" de					
	Name of Outside Or	Number								
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy				
١.	Verification									
	I have read and understand FR	Regulations 18944	1.1 and 18942. I	have verified t	that the distribution set f	orth above, is in accordance				
	I have read and understand FRIC Regulations 18944.1 and 18942. I have verified with the requirements					or an area of the mr accordants				
	Michael R. Mar				General Manager	11/27/19				
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)				
	Comment:	***								