Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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1. Agency Name	Date Stamp	California 802				
Orange County Water District		For Official Use Only				
Division, Department, or Region (if applicable)		i of Official OSE Offig				
Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)					
Michael R. Markus, General Manager	Amendment (Must	Amendment (Must Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail	ea Code/Phone Number E-mail					
714-378-3305 mmarkus@o	cwd.com	Date of Original Filing	:(month, day, year)			
2. Function or Event Information			200.00			
Does the agency have a ticket policy?		ace Value of Each Ticket/Pass \$ 2	200.00			
Event Description: So Cal Water Committee	ee Dinner Da	ate(s) <u>10 / 26 / 17</u>				
Provide Tit	le/ Explanation	no:				
Ticket(s)/Pass(es) provided by agency?		Name of Source	1			
Was ticket distribution made at the behest	Yes⊠ No□ If	yes: Markus, Michael Official's Name (Last, First)			
of agency official?		omoral o realito (Edd., r not	,			
3. Recipients						
• Use Section A to identify the agency's department or	unit. • Use Section B to id	entify an individual. • Use Section C to ide	ntify 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				
Executive Management	2	agency representation				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the	following:			
Stephen Sheldon		Ceremonial Role Other				
	2 - 1*	If checking "Ceremonial Role" or "Other" describe below: gency representation				
Vicente Sarmiento*						
Denis Bilodeau	1	Ceremonial Role Other If checking "Ceremonial Role" or "Other" or				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made po	ursuant to the agency's policy			
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4. Verification						
I have read and understand FPPC Regulations with the requirements.	s 18944.1 and 18942. I	have verified that the distribution set	forth above, is in accordance			
	Michael R. Markus	General Manager	11-27-17			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)			
Comment:						