

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

A Public Document

1. Agency Name Orange County Water District <i>Division, Department, or Region (if Applicable)</i>		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: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 175.00

Event Description NWRI Clarke Prize Event Date(s) 11 / 02 / 12
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	4	Member agency representation
Orange County Water District, Laboratory Dept	2	Member agency representation
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Michael and Mary Markus	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> Presenter
Stephen Sheldon and guest	2	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
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

4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michael R. Markus
Print Name

General Manager
Title

11/28/12
(Month, Day, Year)

Comment: _____