

NOV 20 2014

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Orange County Water District

Date Stamp

California
Form 801

For Official Use Only

Division, Department, or Region (if applicable)

Street Address

18700 Ward Street

Area Code/Phone Number

714-378-3200

Email

jdurant@ocwd.com

Agency Contact (name and title)

Janice Durant, District Secretary

☐ Amendment (explain in comment section)Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Singapore Public Utilities Board

Name

40 Scotts Road Environmental Building

Singapore 22823

Address

City

State

Zip Code

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

Singapore

Location of Travel

5/30/14 - 6/04/14

Dates (month, day, year)

Singapore Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Marina Bay Sands

Name of Lodging Facility

\$ 1,562.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 6,329.00

Transportation Expenses

\$ 2,372.00

Other Expenses

\$ 10,263.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

\$

Dates (month, day, year)

Total Expenses

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

Travel, conference, and lodging paid for by Singapore PUB for Singapore International Water Week 2014 - Cathy Green traveling to accept the Lee Kwan Yew Award on behalf of Orange County Water District

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

Green

Last Name

Catherine

First Name

Director

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.

Signature

Michael R. Markus

Print Name

General Manager

Title

10/28/14

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

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