Agency Name	Report #	A Public Doc	umeng	MANUE	COUNT	PAYMENT TO AGENCY REPO
				RL AU	te Stamp	California On
Orange County Fire Author	rity		15.8	OV 13	PM 12: !	Form OU
Division, Department, or Re	gion (if applicable)			04 13	( D 12: )	For Official Use Only
			CLERK	OF THE	AUTHO	RITY
Street Address	111120 1-		11121 1501			
1 Fire Authority Road		4.				
Area Code/Phone Number	Email	· ···				
(714) 573-6000	COA@ocfa.org			∐ Ame	ndment (ex	plain in comment section)
Agency Contact (name and title)				Date of C	original Fili	ng: 10/14/15
Sherry Wentz, Clerk of the						(month, day, year)
Donor Name and Addre						
	<b>355</b>					
☑ Individual Anonymous	First Nam		☐ Other .	· ·		Name
Last Name	i iist vaii					Hamo
Address		City			State	Zip Code
If "Other" is marked, describe the entity	y's business activity (if business)	or its nature and interes	ts.			,
If applicable,	identify the name of each	source and the an	nount(s) re	ceived by	the donor	for this payment:
	\$					\$
Name	. An	nount		Name	9	Amount
\$\$ Lodging Expenses  3.1 (b) Payment(s) not re	Meal Expenses		 es 9/29-30/15 tes (month, da		enses 320	Name of Lodging Facility  \$ Total Expenses .00 Total Expenses
3.2. Payment Description	ı. Provide a specific	description of th	e pavme	nt and it	s agency	purpose and use.
32 Angels Baseball Tidgood will gesture by m	nember of the public	c (12 unused)			with a v	alue of \$10 per ticket
Nielson	Jim	FF.	FF/PM (3 Tickets)			Operations/FS35
Last Name	First Name		Position/Title			Department/Division
	Steve	A.F.	AETO (E Tiploto)			•
Hurdle						
Hurdle	<u> </u>					Operations/Training
Hurdle Last Name	First Name					Department/Division
	e of the reported payme Sherry Wentz		Positi	on/Title	regulation	Department/Division
Verification  authorized the acceptance	e of the reported payme Sherry Wentz Prin	ent(s) as in comp	Positi	n FPPC I	regulation thority	Department/Division S. 10/14/15

Clear Page