# Payment to Agency Report

1. **Agency Name**
   Orange County Fire Authority
   Division, Department, or Region (if applicable)

2. **Donor Name and Address**
   - Individual
   - Last Name
   - First Name
   - Name

3. **Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**
   - **3.1 (a) Travel Payment**
     - Location of Travel
     - Dates (month, day, year)
     - Transportation Provider
     - Rail  Air  Bus  Auto  Other
     - Name of Lodging Facility
     - Lodging Expenses
     - Meal Expenses
     - Transportation Expenses
     - Other Expenses
     - Total Expenses

   - **3.1 (b) Payment(s) not related to travel**
     - Dates (month, day, year)
     - Total Expenses
     - 09/29-30/15  $320.00

4. **Verification**
   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   Sherry Wentz  Clerk of the Authority
   10/14/15  (month, day, year)

**Comment**
Espinoza, Victor (6 Tickets) FF/PM FS31 and FC Retired Cheak, Jack (6 Tickets)
(Use this space or an attachment for any additional information)