

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Orange County Fire Authority		Date Stamp Filed 2025/06/05	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Operations			
Street Address 1 Fire Authority Road			
Area Code/Phone Number 714 573-6000	Email coa@ocfa.org		
Agency Contact (name and title) Tim Perkins, Assistant Chief of Operations South		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☐ Other Gary Sinise Foundation
Last Name First Name Name
PO Box 1858 Merrifield VA
Address City State Zip Code
Non-Profit Organization providing First Responder Grant funds
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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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)
 _____ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

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

5/8/2025 \$ 2800
Dates (month, day, year) Total Expenses

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


Donation of a Large Animal Lift sling for the OCFA Large Animal Rescue program

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

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	Tim Perkins	Assistant Chief	05/20/25
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment:

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

DONATION TO AGENCY - Gary Sinese Foundation

Final Audit Report

2025-06-05

Created:	2025-06-04
By:	Brett Buffington (brettbuffington@ocfa.org)
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"DONATION TO AGENCY - Gary Sinese Foundation" History

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