

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 OC PUBLIC WORKS
 Division, Department, or Region (if applicable)
 COUNTY OF ORANGE
 Street Address
 601 N. ROSS STREET, SANTA ANA
 Area Code/Phone Number 714-667-9700 | Email James.Treadaway@ocpw.ocgov.com
 Agency Contact (name and title)
 JAMES TREADAWAY, DIRECTOR

Date Stamp
California Form 801
 For Official Use Only
 2022 JAN 10 AM 11:13
 RECEIVED
 CLERK OF THE BOARD OF SUPERVISORS
 COUNTY OF ORANGE
 BOARD OF SUPERVISORS
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual Martinez Laura Other _____
 Last Name First Name Name
 14822 Adams Street Midway City CA 92655
 Address City State Zip Code

n/a

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:

n/a _____ \$ _____ n/a _____ \$ _____
 Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment n/a _____ n/a _____
 Location of Travel Dates (month, day, year)
 n/a _____ Rail Air Bus Auto Other n/a _____
 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: 1/3/2022 \$ 650.00
 Dates (month, day, year) Total Expenses

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

Donor provided 130 individual Starbucks gift cards of \$5.00 each and requested to distribute 1 card to each employee within OCPW/Ops & Maintenance. There are 135 non-manager positions within this service area.

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

n/a _____ n/a _____ n/a _____ n/a _____
 Last Name First Name Position/Title Department/Division
 n/a _____ n/a _____ n/a _____ n/a _____
 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.

 James Treadaway Director 01/06/22
 Signature Print Name Title (month, day, year)

Director will control distribution of cards to 130 individual non-management employees. Please see attached Comment: email from James Harman with County Counsel.

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