

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name County of Orange		RECEIVED Date Stamp 2021 OCT -1 AM 8:32 CLERK OF THE BOARD COUNTY OF ORANGE BOARD OF SUPERVISORS	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors - Third District			
Street Address 400 W Civic Center Drive			
Area Code/Phone Number 714-834-3330	Email donald.wagner@ocgov.com	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Chairman Donald P. Wagner		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

☒ Individual Shanahan Kathy
Last Name First Name

☐ Other _____
Name

4841 Orlando Dr Yorba Linda CA 92886
Address City State Zip Code

with Girl Scouts of Orange County

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

Transportation Provider		<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other		Location of Travel _____ Dates (month, day, year) _____	
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:

Dates (month, day, year) \$ Total Expenses

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

20 Boxes of Girl Scout cookies

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

Last Name	First Name	Position/Title	Department/Division
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Last Name	First Name	Position/Title	Department/Division
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individual County employees and visitors to the Third District Office

4. Verification

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

Signature: Donald P. Wagner Print Name: Donald P. Wagner Title: Chairman Date: 09/25/24
(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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