

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|--|---------------------------------|---|--|
| 1. Agency Name CENTRAL FIRE PROTECTION DISTRICT | | Date Stamp | California 801 Form For Official Use Only |
| Division, Department, or Region (if applicable) FIRE DISTRICT | | | |
| Street Address 930 17TH AVE | | | |
| Area Code/Phone Number 831-479-6847 | Email stevenh@centralfpd.com | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) STEVEN HALL, FIRE CHIEF | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other THE WALT DISNEY COMPANY

_____ Last Name _____ First Name _____ Name _____
 1313 DISNEYLAND DR. ANAHEIM CA 92803
 Address City State Zip Code
 ENTERTAINMENT COMPANY

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 _____ \$ _____
 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 Location of Travel N/A Dates (month, day, year)

N/A Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ _____ Total Expenses

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

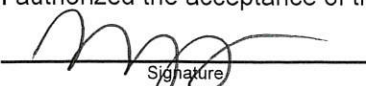
ONE HUNDRED SEVENTY SIX (176) 1-DAY PARK HOPPER TICKETS TO THE DISNEYLAND RESORT, VALUED AT \$29,392

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

| | | | |
|-------------------|----------------------|------------------------------|--------------------------------------|
| HALL Last Name | STEVEN First Name | FIRE CHIEF Position/Title | FIRE DISTRICT Department/Division |
| N/A Last Name | N/A First Name | N/A Position/Title | N/A Department/Division |

4. Verification

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

 NANCY DANNHAUSER FINANCE MANAGER 3/8/18
 Signature Print Name Title (month, day, year)

Comment: DONATION TO THE FIREFIGHTERS FOR SERVICE AND BRAVERY IN BATTLING RECENT CA FIRES

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

