

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Wilton Fire Protection District		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 9800 Dillard Rd., Wilton, CA 95693			
Area Code/Phone Number (916)687-6920	Email jeff_cookson@wilton-fire.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Fire Chief Jeff Cookson			

2. Donor Name and Address

Individual _____ Other Walt Disney Company

Last Name: _____ First Name: _____ Name: _____
 700 W. Ball Rd. Anaheim CA 92802
 Address City State Zip Code
 Disneyland Resort Theme Park

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 Location of Travel: N/A Dates (month, day, year): N/A

Transportation Provider: N/A Rail Air Bus Auto Other N/A
 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: 2/8/18 \$ 21,710.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
\$21710.00 in the form of 130 Disneyland tickets to be used by firefighters

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

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

_____ Jeff Cookson _____ Fire Chief _____ 3/13/18
 Signature Print Name Title (month, day, year)

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