

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name KERN COUNTY FIRE DEPARTMENT Division, Department, or Region (if applicable)		Date Stamp	California Form 801 For Official Use Only
Street Address 5642 VICTOR STREET			
Area Code/Phone Number 661-391-7000	Email firechief@kerncountyfire.org		
Agency Contact (name and title) Joanne Zazueta, Assistant to Fire Chief Brian S. Marshall		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>03/06/18</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other The Walt Disney Company

_____ Last Name _____ First Name _____ Name _____
 P.O. Box 3232 Anaheim CA 92803
 Address City State Zip Code

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:

1,100 Theme park tickets	\$ 183,700.00		
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 _____ Dates (month, day, year) _____

_____ Transportation Provider Rail Air Bus Auto Other _____
 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.

The Walt Disney Co. donated a total of two 1-Day Park-Hopper entrance tickets to the Disneyland Resort for each fire department employee that assisted in battling the recent California wildfires in 2017. A total of 1,100 tickets were donated, valued at \$183,700.

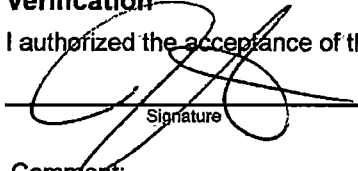
3.3. Identify the officials who used the payment in Section 3.1 (See Instructions)

N/A

_____ 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.

 _____
 Signature Print Name Office Services Coordinator Title 03/06/18
 (month, day, year)

Comment:

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