

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only  <b>2 AUG 2018 PM 12:30</b> <b>CITY CLERK'S OFFICE</b>
City of Santa Maria			
Division, Department, or Region (if applicable) Santa Maria Fire Department			
Street Address 314 W. Cook Street #8			
Area Code/Phone Number 805-925-0951 Ext 2255	Email rgarietz@cityofsantamaria.org	<input type="checkbox"/> Amendment (explain in comment section)  Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Rhonda Garietz, Chief Deputy City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Disneyland Resort

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

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:

Walt Disney Company	\$ 19,706.00		\$	
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) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:**

2/14/2018 \$ 19,709.00  
 Dates (month, day, year) Total Expenses

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

118 1-Day Hopper Tickets to Disneyland Resort for Santa Maria Firefighters for their service and bravery battling recent California wildfires.

**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.

_____	Jason Stilwell	City Manager	8/2/2018
Signature	Print Name	Title	(month, day, year)

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