

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Bonita-Sunnyside Fire Protection District

Division, Department, or Region (if applicable)

Street Address

4900 Bonita Rd.

Area Code/Phone Number

619 479-2346

Email

tisbell@bonitafd.org

Agency Contact (name and title)

Tim Isbell, Fire Chief

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Disneyland

PO Box 3232 Anaheim CA 92803

Address City State Zip Code

Entertainment

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

Location of Travel

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other 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.

Bonita-Sunnyside Fire Protection District received twenty six (26) parkhopper ticket valued at a total of \$4,342. Each firefighter received two (2) parkhopper tickets. If they could not use them they were sent back. These were given to honor all firefighters.

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

Isbell Tim Fire Chief BSFPD

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 Tim Isbell Fire Chief 02/23/18

Comment:

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