| Payment to Agency I | Report A Public | c Document | : | PAYMENT TO AGENCY REPOR |
|---|--|---------------------------|--|--------------------------|
| 1. Agency Name CITY OF MONROVIA | | | Date Stamp | California 801 |
| Division, Department, or Re | egion (if applicable) | | | For Official Use Only |
| FIRE DEPARTMENT | De la composición | | | |
| Street Address | | | 1 | |
| 415 S. IVY AVENUE | | | | |
| Area Code/Phone Number | Email | | | |
| (626) 932-5505 | aatkins@ci.monrovia.ca.us | | Amendment (explain in comment section) | |
| Agency Contact (name and titl | | | Date of Original Filing | : 02/26/18 |
| ALICE ATKINS, CITY CLI | | | | (month, day, year) |
| . Donor Name and Add | ress | | | |
| | | C Other | THE WALT DISNE | Y COMPANY |
| Individual | First Name | | a martintus assistra | Name |
| PO BOX 3232 | ANAHEIN | 1 | CA | 92803 |
| Address | City | | State | Zip Code |
| THEME PARK AND RES | ORT | | | |
| If "Other" is marked, describe the ent | ity's business activity (if business) or its nature | and interests. | | |
| - If applicable | , identify the name of each source a | nd the amount(s) r | eceived by the donor fo | or this payment: |
| CARRIE NOCELLA | | | • | |
| Name | \$\frac{17,034.00}{Amount} | - | Name | \$Amount |
| Payment Information | (Complete Sections 3.1 (a o | h) 32 33) | | |
| Transportation Provide | Rail Air Check Applic | ☐ Bus ☐ Aut able Boxes | o Other | Name of Lodging Facility |
| \$ Lodging Expenses | \$ \\ Meal Expenses \\ Transportal | tion Expenses | Other Expenses | Total Expenses |
| 3.1 (b) Payment(s) not related to travel: | | 2/14/2018 | \$ <u>17,03</u> | 4.00 |
| | | Dates (month, | day, year) | Total Expenses |
| Enhance employee n | on. Provide a specific descriptinorale. s who used the payment in Sec | | | purpose and use. |
| Various Fire Dept Person | nel | | Fi | re Department |
| Last Name | First Name | Pos | sition/Title | Department/Division |
| | | | | |
| Last Name | First Name | | sition/Title | Department/Division |
| | | | | · |
| Verification | | | | |
| | ce of the reported payment(s) as | in compliance w | ith FPPC regulations | |
| (Hill Pi | Oliver Chi | | Manager | 02/26/18 |
| Signature | Print Name | - City | Title | |
| Signature | Fills Name | | nue | (monus, day, year) |
| Comment: | | | | |
| | nt for any additional information) | | | EPPC Form 801 (Jan |





February 14, 2018

Monrovia Fire Department 141 E. Lemon Ave Monrovia, CA 0

Re: Notice of Tickets and Payments Provided for Official Agency Business

To Whom It May Concern:

The Walt Disney Company is excited to host the Monrovia Fire Department at the Disneyland Resort. Again, we thank you and your dedicated firefighters for your service and bravery in battling the recent California wildfires.

By this letter, we are notifying you of the 1-Day Park Hopper Tickets to the Disneyland Resort that were provided by The Walt Disney Company to Monrovia Fire Department. In accordance with state law and Monrovia Fire Department's policy for acceptance of payments from third parties, The Walt Disney Company has not designated by name, title, class, or otherwise any officials who will use the payments, but instead these details will be controlled by Monrovia Fire Department and used for official business. These payments are not considered a reportable or limited gift to any individual public officer, but do require disclosure on Forms 801 (within 30 days) and 802 (within 45 days) by Monrovia Fire Department following acceptance of the tickets.

It is noted that The Walt Disney Company is donating a total of 102 tickets, valued at \$ 17034.

If you have any questions about this matter, do not hesitate to contact Disneyland Resort Government Relations at <u>DLR:Government.Relations@Disney.com</u> or (714) 781-6835.

Respectfully,

Carrie Nocella

Director of External Affairs