

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Ventura County Fire Protection District		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 165 Durley Street, Camarillo, CA 93010			
Area Code/Phone Number 805-389-9710	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Mark Lorenzen, Deputy Fire Chief			

2. Donor Name and Address

Individual \_\_\_\_\_  Other American LaFrance, LLC (ALF)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 1090 Newton Way City: Summerville State: SC Zip Code: 29483

American LaFrance manufactures fire apparatus.  
 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) solicited or received by the donor for this gift:

\_\_\_\_\_ \$ \_\_\_\_\_ Name \_\_\_\_\_ \$ \_\_\_\_\_ Amount

3. Payment Information

Date and Amount of Payment (other than travel) \_\_\_\_\_ \$ \_\_\_\_\_  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Los Angeles, CA, to Indianapolis, IN

3/23/2011 - 3/25/2011 \$ 1031.60 \$ 463.32 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 1494.92  
 Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

**Provide a specific description of the nature and use of the payment for official agency business:**

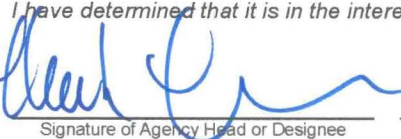
The purpose of the trip was to attend the annual Fire Dept. Instructors Conference (FDIC) to learn the latest technology in manufacture of fire dept. emergency response apparatus and innovations in tools & equipment developed to increase firefighting safety & effectiveness. ALF provided payment in exchange for displaying VCFD new apparatus at FDIC.

**Identify the officials for whom the payment was used:**

<u>Ralston</u> Last Name	<u>Darrell</u> First Name	<u>Assistant Chief</u> Title	<u>Support Services Bureau</u> Department/Division
<u>Plott</u> Last Name	<u>Norman</u> First Name	<u>Battalion Chief</u> Title	<u>Emergency Medical Svcs.</u> Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Mark Lorenzen Deputy Fire Chief 3/31/11  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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