

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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

2. Donor Name and Address

Individual _____ Other PBI Performance Products Inc.

Last Name: _____ First Name: _____ Name: _____
 Address: 9800D Southern Pine Blvd. City: Charlotte State: NC Zip Code: 28273

Pbi Manufactures personal protective material fibers for industry
 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 Charlotte NC

1/24/11 to 1/27/11 \$ 475 \$ 300 \$ 270 \$ _____ \$ 1045
 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:

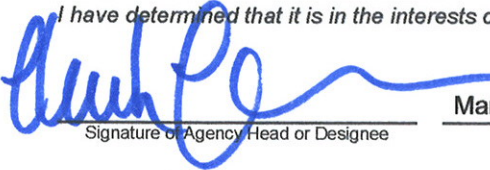
The purpose of the trip was to tour manufacturing facilities to learn about fabric and material testing related to personal protective equipment. The fabric that the company makes is woven into material that may be used for future protective uniforms.

Identify the officials for whom the payment was used:

<u>Miller</u> Last Name	<u>Vaughan</u> First Name	<u>Assistant Fire Chief</u> Title	<u>Planning and Technology</u> Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	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 _____ 5/20/10
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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