

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name City of El Centro		Date Stamp APR 04 2018	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Fire Department		OFFICE OF CITY CLERK CITY OF EL CENTRO	
Designated Agency Contact (Name, Title) Kenneth Herbert, Fire Chief			
Area Code/Phone Number 7603374530	E-mail kherbert@ecfd.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>03/30/2018</u> <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 167.00

Event Description: Disneyland admission Date(s) 3 / 23 / 18 4 / 8 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of El Centro Fire Department	76	Gift to southern California fire departments including El Centro. Tickets distributed to firefighting personnel
B. Name of Individual (Last, First)		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)		
	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____ Kenneth Herbert _____ Fire Chief _____ 3/30/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: complete list of distribution maintained on file