This form is for use by all state and local government agencies to disclose payments made to the agency when the payments provide a personal benefit to an official of the agency. Examples may include travel, meals or other benefits. Under certain circumstances, these payments will not result in a gift to the official, but will be considered a gift to the agency. The payments must be used for official agency business and must meet other requirements that are set out in FPPC Regulation 18944.2, which is available on the FPPC website www.fppc.ca.gov.

#### When to File

This form must be filed within 30 days of the use of the payment. Reports may be faxed, mailed, personally delivered or e-mailed.

## Where to File

State Agencies: File this form with the Fair Political Practices Commission ("FPPC"), 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886 E-mail: Form 801@fppc.ca.gov

Local Agencies: File this form with the official that maintains the agency's statements of economic interests (Form 700).

Website Posting: Each agency that maintains a website must also post the form or the information contained on the form on its website within 30 days of the use of the payment. Local agencies that do not maintain a website must forward the form to the FPPC for posting on its website.

# Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

### Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received payments from other sources that were used in connection with the activity, disclose the name and payment information for each source.

# Part 3. Payment information

Report the date and amount of each payment. For travel payments, also disclose the location(s), and a breakdown of the expenses. Provide a specific description of the use of the payment and the intended purpose. List each agency official for whom the payment was used.

Example: A business entity paid for an agency employee to travel to attend an informational seminar on solar energy projects in Washington D.C. The description should read: "Travel to attend an EPA cosponsored solar energy seminar held in Washington, D.C."

#### Part 4. Verification

The agency head or his or her designee must sign the form.

### **General Information**

Gifts to agencies must meet the following requirements:

- The agency head or designee must determine and control the agency's use of the payment.
- The payment must be used for official agency business.
- The donor may identify a purpose for the gift but may not designate by name, title, class or otherwise, an official who may use the payment.
- The agency official who determines who will use the payment may not select himself or herself.

Travel payments must also meet these requirements:

- A payment for travel may not be used by a state or local elected officer or by the state, county, and city officials who hold positions listed in Government Code Section 87200.
- A payment for travel may not exceed the agency's own reimbursement rates for travel, or the State per diem or IRS reimbursement rates if the agency has no policy.
- The agency head or designee must preapprove travel paid for by a third party before travel commences.

Travel payments made by a federal government agency in connection with education, training, or other interagency programs are not reportable.

For further information on filing this report or for general information, contact the FPPC.

Gift to Agency Report	A Publ	ic Document		GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California O 1
Ventura County Fire Protection District			Jan 32	Form <b>OU</b>
Division, Department, or Region (if applicable)			1	For Official Use Only
Street Address				
165 Durley Street, Camarill	o CA 93010			
Area Code/Phone Number	E-mail			
805-389-9710			Amendment (expl	ain in comment section)
Agency Contact (name and title			Date of Original Filing	g:
Kevin Nestor, Deputy Fire (				(month, day, year)
2. Donor Name and Addres				<del></del>
	,,		Southern Mills Inc	
Individual	First Name		Southern Mins IIIC	Name
6501 Mall Road	Union Cit	ty	GA	30291
Address	City	<del></del>	State	Zip Code
Southern Mills manufacture	s protective fabrics for industr	<b>v</b> .		
	business activity (if business) or its nature	<del>-</del>		
If applicable, identify the name	of each source and the amount(s	) solicited or receive	ed by the donor for this	
• • • • • • • • • • • • • • • • • • • •	,	,		• •
Name	\$Amount		Name	\$
3. Payment Information	Amount		Name	Amount
Travel Payment Informatio	n (Round to whole dollars) Location	on of Travel Bur	bank to Atlanta GA	
5/3 through 5/6/10  Date(s) of Travel	871.60 \$ 594.00 Insportation Expenses Lodging Exper	<u>\$ 270.</u>	00 \$	\$ <u>1735.00</u>
	iption of the nature and u	•		
The purpose of the trip was material manufacture. The smay prove to be prototype r	to hear the results of a study study may produced a new stanaterials for future protective whom the payment was u	and then tour man andard for PPE. T uniforms.	nufacturing facilities	to learn about fabric and
Miller	Vaughan	Assistant Fi	ire Chief F	Planning and Technology
Last Name	First Name		Title	Department/Division
Ralston	Darreli	Assistant Fi	im Chief S	Support Services
Last Name	First Name		Title	Department/Division
I. Verification				
I have determined that it is in the	e interests of the agency to acception to accept to a	ester De	for the official agency	business described above.  5/27/10  month, play, year)