Gift to Agency Report	A Public De	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California QO1
Ventura County Fire Protection District				Form OUI
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
165 Durley Street, Camarillo, CA 93010				
Area Code/Phone Number	E-mail			plain in comment section)
805-389-9710				an in connent sectory
Agency Contact (name and title)		Date of Original Filir	(month, day, year)
Mark Lorenzen, Deputy Fire	e Chief			(monn, day, your)
2. Donor Name and Addres	SS			
Individual	Individual Other		American LaFrance, LLC (ALF)	
1090 Newton Way	Summerville		SC	29483
Address	City		State	Zip Code
American LaFrance manufa				
If "Other" is marked, describe the entity's	s business activity (if business) or its nature and in	terests.		
If applicable, identify the name	of each source and the amount(s) solic	ited or receive	ed by the donor for th	is gift:
Name	\$		Name	\$ Amount
3. Payment Information				
Date and Amount of Paym	(month, day, year)	_ \$	(Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location of	Travel Los	Angeles, CA, to In	idianapolis, IN
3/23/2011 - 3/25/2011	1031.60 \$ 463.32	\$	enses SOther E	\$1494.92
	ription of the nature and use o			gency business:
The purpose of the trip was in manufacture of fire dept	s to attend the annual Fire Dept. Ins . emergency response apparatus an eness. ALF provided payment in e	tructors Con nd innovatio	ference (FDIC) to I ns in tools & equipr	earn the latest technology ment developed to increase
Identify the officials for	whom the payment was used:			
Ralston	Darrell	Assistant C	hief	Support Services Bureau
Last Name	First Name		Title	Department/Division
Plott	Norman	Battalion C	hief	Emergency Medical Svcs.
Last Name	First Name		Title	Department/Division
4. Verification				
I have determined that it is in th	ne interests of the agency to accept this	gift and use i	t for the official agend	cy business described above.
				Y 18
TYPOIL VI	Mark Lamazar	Dee	uty Fire Chief	2/2/11
Signature of Agency Head or Design	Mark Lorenzen Print Name		uty Fire Chief	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information.)			