Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Ventura County Fire Protection District				Form OUT
Division, Department, or Region (if applicable)				For Official Use Only
Administration				
Street Address				
165 Durley Ave., Camarillo,	, CA 93010			
Area Code/Phone Number	E-mail		★ Amendment (explain a property of the property of th	in in comment section)
805-389-9700	bob.roper@ventura.org			3/32/2010
Agency Contact (name and title)		Date of Original Filing	(month, day, year)	
Bob Roper - Fire Chief				
2. Donor Name and Addre	SS			
□ Individual		☑ Other	Southern Calif Edi	son
Individual	First Name	. Momon		rano
10180 Telegraph Rd.	Ventura		CA State	93003 Zip Code
Address	City		Oldio	Elp 0000
Electrical power utility com	pany s business activity (if business) or its nature and i	ntoraete		and the second s
			I by the alexantor this	a cift.
If applicable, identify the name	of each source and the amount(s) soli	cited or receive	ed by the donor for this	s giit:
	\$			\$
Name	Amount		Name	Amount
Date and Amount of Paym Travel Payment Information	(month, day, year)	\$ f Travel _ ^{Big}	(Round to whole dollars) Creek, CA	
maver rayment information	The (Nound to whole dollars)			\$400.00
August 4-6, 2010 \$	ransportation Expenses Lodging Expenses	\$	\$S	\$ \$499.00 Total Expenses
Date(s) of Travel	ransportation Expenses Lodging Expenses cription of the nature and use	of the navn	nent for official a	gency business:
The purpose of the trip was agencies. Edison also sha efficiencies.	s for Edison to share how energy sared how their Big Creek project was	savings and e as developed	efficiencies can be de	eveloped by governmental
Roper	Bob	Fire Chief		Administration
Last Name	First Name	harries and the same of the sa	Title	Department/Division
Last Name	First Name		Title	Department/Division
4. Verification				
	the interests of the agency to accept th	nis gift and use	it for the official agend	cy business described above.
D.	Bob Roper	Fire	e Chief	8/9/10
Signature of Agency Head or Designature	gnee Print Name		Title	(month, day, year)
Comment: (Use this space or	an attachment for any additional informatio	n.)		
Form #700 was filed on 3/	22/210			