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PRACTICES COMMISSION

Gift to Agency Report — **A Public Document** — GIFT TO AGENCY REPORT

California Form **801**

For Official Use Only

CG

2013 NOV 25 PM 4:1

Date Stamp

1. Agency Name

VENTURA CITY FIRE DEPARTMENT

Division, Department, or Region *(if applicable)*

1425 DOWELL DRIVE, VENTURA 93003

Street Address

Area Code/Phone Number: (805) 339-4300

E-mail: dougmiser@gmail.com

Agency Contact *(name and title)*: DOUGLAS MISER, BATTALION CHIEF

☐ Amendment *(explain in comment section)*

Date of Original Filing: _____ *(month, day, year)*

2. Donor Name and Address

☐ Individual — Last Name: MARTIN — First Name: QUINN

☐ Other — Name: LOWE'S HOME IMPROVEMENT

Address: 500 S. MILLS ROAD — City: VENTURA — State: CA — Zip Code: 93003

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
LOWE'S - MARTIN, QUINN	$ 1,000 (MATERIALS ONLY)
	$

3. Payment Information

Date and Amount of Payment *(other than travel)*: 10/15/2013 *(month, day, year)* — $ 1,000 *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* — Location of Travel: N/A.

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:

THIS WAS A MATERIAL (PLYWOOD, ROOFING PAPER, NAILS, ETC.) DONATION FROM LOWE'S TO THE FIRE SAFETY DAYS PROGRAM ADMINISTERED BY THE VENTURA CITY FIRE DEPARTMENT.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
WEINELL	THOMAS	CAPTAIN	FIRE SUPPRESSION

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.

Signature of Agency Head or Designee — Print Name: DOUGLAS MISER — Title: BATTALION CHIEF — 11/21/2013 *(month, day, year)*

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