

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Kings			For Official Use Only
Division, Department, or Region (if applicable)			
Fire			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: <u>03/13/18</u> <small>(month, day, year)</small>	
Ivy Webb, Executive Secretary			
Area Code/Phone Number	E-mail		
(559) 852-2881	ivy.webb@co.kings.ca.us		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 167

Event Description: 1-Day Park Hopper Tickets Date(s) 02 / 08 / 18 05 / 10 / 18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: The Walt Disney Company  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Clay Smith, Fire Chief  
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
County of Kings Fire Department	142	Appreciation of the service and bravery of California Firefighters. Each Firefighter is limited to two (2) tickets
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.

 Signature of Agency Head or Designee	Clay Smith Print Name	Fire Chief Title	03/13/18 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_