

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

A Public Document

1. Agency Name Bonita-Sunnyside Fire Protection District <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Tim Isbell, Fire Chief		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 619 479-2346	E-mail tisbell@bonitafd.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 167.00

Event Description: Honoring all Firefighters Date(s) _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Disneyland
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Isbell, Tim
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
Bonita-Sunnyside FPD	26	Honoring all firefighters
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Isbell, Tim	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Honoring all firefighters
		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	Tim Isbell Print Name	Fire Chief Title	02/23/2018 (month, day, year)
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Comment: _____