1. Agency Name   City of Tulare   City	Ag	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	ibuttons		Rublic Document	
City of Tulare Division, Department, or Region (#applicable) Fire Department Designated Agency Contact (Name, Title) Willard Epps Area Codd/Phone Number S59 684-4300  E-mail Wepps@tulare.ca.gov Wepps@tulare.ca.gov  Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title)  Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: S-08-08-2018 Frooth Agency September (Name, Title) Date of Original Filing: Date of Origina	_							
Division, Department, or Region (if applicable)   For Official Use City	••					1612 04 000	Form OUZ	
Fire Department Designated Agency Contact (Name, Tible) Willard Epps Area Code/Phone Number 559 684-4300    Wepps@tulare.ca.gov						MAR 06 2018	For Official Use Only	
Designated Agency Contact (Norm, Title) Willard Epps Area Code/Phone Number   E-mail								
Willard Epps Area Code/Phone Number   E-mail		Designated Agency Contact (Name Title)				LERKS OFFI	CE	
Date of Original Filling:   O3-06-2018   Face Value of Each Ticket/Pass \$   100.00		Willard Epps				Y of TULARE		
Detect Original Filling:   C3-06-2018   Concentration			E mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
Does the agency have a ticket policy? Yes \[ \] No \[ \] Face Value of Each Ticket/Pass \( \frac{100.00}{2} \) 19 \( \frac{1}{2} \) 18 \\  \text{Ticket(s)/Pass(es) provided by agency?} Yes \[ \] No \[ \] If no: \[ \] Name of Source  \text{Was ticket distribution made at the behest Yes \[ \] No \[ \] If yes: \[ \] Official's Name (Last. First) \\  \text{a gency official?} \]  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 \[ \] of Tickot(s) \[ \] Passes  \[ City of Tulare Fire Department \]  \[ A. \] Name of Individual \[ \] (Last, First) \[ \] Describe the public purpose made pursuant to the agency's policy Passes  \[ City of Tulare Fire Department \[ \] 40 \[ \] Complimentarry tickets from Disneyland Resort  \[ B. \] Name of Individual \[ \] (Last, First) \[ \] Official's Name (Last, First) \[ \] Describe the public purpose made pursuant to the agency's policy Passes  \[ C. \] Name of Outside Organization \[ 100.0000000000000000000000000000000000			FE	gov		Date of Original Filing: 03-06-2018 (month, day, year)		
Event Description: Disneyland Resort    Provide Title   Explanation   Date(s)   O2   19   18   O5   10   18		Function or Event Information						
Ticket(s)/Pass(es) provided by agency? Yes \( \) No \( \) If no: \( \) Name of Source  Was ticket distribution made at the behest Yes \( \) No \( \) If yes: \( \) Official's Name (Last, First) \( \) of agency official?  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 of Tacket(s)/ Passes  City of Tulare Fire Department		Does the agency have a ticket policy? Yes [] N			No ☑ Face Value of Each Ticket/Pass \$			
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source  Was ticket distribution made at the behest Yes No If yes: Official's Name (Lest, First)  Tofficial's Name (Lest, 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 O'Toket(s)  Passes  City of Tulare Fire Department  40 Complimentary tickets from Disneyland Resort  B. Name of Individual (Last, First)  O'Toket(s)/ Passes  Ceremonial Role Other Income If checking Ceremonial Role or "Other describe below."  C. Name of Outside Organization of Toket(s)/ Passes  C. Name of Individual of Toket(s)/ Passes  C. Name of Individual of Toket(s)/ Passes  C. Name of Sauck of Sauck of Toket(s)/ Passes  C. Name of Sauck of Sauck of Toket(s)/ Passes  C. Name of Sauck of Sauck of Sauck of Toket(s)/ Passes  C. Name of Individual of Sauck of Toket(s)/ Passes  C. Name of Individual of Sauck of Toket(s)/ Passes  C. Name of Individual of Sauck of Toket(s)/ Passes  C.		Event Description: Disneyland Resort			Date(s)02	<u>/ 19 / 18</u>	05 , 10 , 18	
Titles to were servided on a thock true of the following:    Comparison   Compariso		Ticket(s)/Pass(es) provided		f no:	Name of Source			
**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 of Ticket(s)/Passes  City of Tulare Fire Department 40 Complimentary tickets from Disneyland Resort  B. Name of Individual (Last, First) Identify one of the following:    Passes			□ No⊠ I	f yes:	es:Official's Name (Last, First)			
A. Name of Agency, Department or Unit of Tickatis)   Describe the public purpose made pursuant to the agency's policy    B. Name of Individual (Last, First)   Number of Tickatis)   Identify one of the following:	3.							
B. Name of Individual (Last, First)    Number of Ticket(s)  Passes		A. Name of Agency, Department or Unit		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual (Last, First)    Caremonial Role   Other   Income   I		City of Tulare Fire Department		40	Complimentary tickets from Disneyland Resort			
B. Name of Individual (Last, First)    Caremonial Role   Other   Income   I		(			n			
C. Name of Outside Organization of Ticket(a)/ Passes  Number of Ticket(a)/ Passes    Describe the public purpose made pursuant to the agency's policy passes		<b>D</b> .	of Ticket(s)/		Identify one of the following:			
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 (Include address and description)  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the requirements.  Willard Epps Fire Chief 03-06-2018  Gignature of Agency Fips or Designee Print Name Title (month, day, year,								
4. Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the requirements.  Willard Epps  Fire Chief  O3-06-2018  Frint Name  Title  O3-06-2018  Title  O3-07-2017		<u> </u>						
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.  Willard Epps Fire Chief 03-06-2018  Find Chief Title (month, day, year, provided as a thank you to all California Firefighters during the extreme fire season of 2017				of Ticket(s)/	Describe ti	cribe the public purpose made pursuant to the agency's policy		
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.  Willard Epps Fire Chief 03-06-2018  Find Chief Title (month, day, year, provided as a thank you to all California Firefighters during the extreme fire season of 2017								
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Willard Epps Fire Chief 03-06-2018  Fignature of Agency Front Or Designee Print Name Title (month, day, year,	4.	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance						
Bignature of Agency Flow or Designee Print Name Title (month, day, year,		0 1:00 /6/		ard Epps		Fire Chief		
					ornia Firefighte		(month, day, year) fire season of 2017.	