

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

A Public Document

1. Agency Name Los Angeles County Fire Department		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Division III, North Regional Operations Bureau			
Designated Agency Contact (Name, Title) Gregory Hisel, Assistant Chief		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 661-298-5280	E-mail Gregory.Hisel@fire.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 62.00

Event Description: Private movie screening Date(s) 05 / 05 / 17
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
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
LACoFD, Division III, NROB	2	
B. Name of Individual (Last, First)		
Hisel, Gregory	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Cruz, George	1	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.


Gregory Hisel
Assistant Fire Chief
8/12/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____