

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
LA COUNTY DEPT. OF CHILDREN AND FAMILY SERVICES			For Official Use Only
Division, Department, or Region (if Applicable)			
Designated Agency Contact (Name, Title)			
Michele Mathieu, Admin Services Mgr I			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-351-5774	mathim@dcfs.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 20.00

Event Description Los Angeles County Fair Date(s) 09 02 2016 09 25 2016
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles County Fair Association
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
DCFS - Service Bureau 1	100	LA County Ticket Policy 5.3(i)
DCFS - Service Bureau 2	54	LA County Ticket Policy 5.3(i)

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
South Bay Bright Future Group Home	21	LA County Ticket Policy 5.3(i)
24404 S. Vermont Ave. Harbor City 90710		

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.

<u>Michele Mathieu</u> <i>Signature of Agency Head or Designee</i>	<u>Michele Mathieu</u> <i>Print Name</i>	<u>Admin Services Manager I</u> <i>Title</i>	<u>10-11-2016</u> <i>(Month, Day, Year)</i>
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Comment: _____

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

Agency Name
LA COUNTY DEPT. OF CHILDREN AND FAMILY SERVICES

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
DCFS-Bureau of Clinical Resources/Srvcs.	25	LA County Ticket Policy 5.3(i)
DCFS-Juvenile Court/Adoption Bureau	25	LA County Ticket Policy 5.3(i)
DCFS-Youth Development Services	25	LA County Ticket Policy 5.3(i)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy