

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
DMH Countywide			
Designated Agency Contact (Name, Title)			
Marisol Peñalosa Mental Health Services Coordinator			
Area Code/Phone Number	E-mail		
(213) 739-5412	mpenalosa@dmh.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 19.00

Event Description LA County Fair Date(s) 08 / 29 / 14 09 / 28 / 14
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)

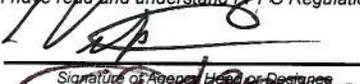
3. Recipients

• 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
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"/> <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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pacific Clinics - Asian Pacific Family Center	7	Showing appreciation for a community program serving youth and benefiting County residents. (see comments)

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

Victor Sanchez
 Marrigato
9/10/14

Print Name
Title
(Month, Day, Year)

Chidwan Hsieh
 APCC Prog. Coord.
9/10/14

Comment: Outside organizations are distributing tickets to 2 family participating in an outpatient mental health program.

APFC

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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
The Help Group Child and Family Center	3	Showing appreciation for a community program serving youth and benefiting County residents. (see comments)

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.

Katlyn Clark Signature of Agency Head or Designee
Kathy Chantaprabhave Print Name
Honey, Jordana R. K. Print Name
Senior FPPC Coordinator Title
9/10/14 (Month, Day, Year)
9/10/14 (Month, Day, Year)

Comment: Outside organizations are distributing tickets to 2 family participating in the adoption mental health program.

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C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Child & Family Guidance Center (Lennox)	4	Showing appreciation for a community program serving youth and benefiting County residents. (see comments)

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.

 <small>Signature of Agency Head or Designee</small>	Alex Delacruz <small>Print Name</small>	08-10-14 Nav <small>Title</small>	08-10-14 <small>(Month, Day, Year)</small>
Comment: Outside organizations are distributing tickets to 1 family participating in an outpatient mental health program.			