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

1. Agency Name
Dept. of Mental Health, Los Angeles County
Division, Department, or Region (if applicable)
Transition Age Youth

Designated Agency Contact (Name, Title)
Mary Romero Barraza, Mental Health Clinical Program Manager III
Area Code/Phone Number
(213) 738-4644
E-mail
mromero@dmh.lacounty.gov

Date Stamp
California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3)

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 $ __________

Event Description: _______________________________________________________________________
Date(s) __________

Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no:
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

B. Name of Individual
(Last, First)
Number of Ticket(s)/Passes
Identify one of the following:
Ceremonial Role □ Other □ Income □
If checking “Ceremonial Role” or “Other” describe below

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
Mary Romero Barraza
Print Name
MHC Program Manager III
Title
(month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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</table>

If checking "Ceremonial Role" or "Other" describe below:

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>VILLAGE FAMILY SERVICES 6601 FOLDWATER CANYON BL N. HOLLYWOOD, CA 91606</td>
<td>10</td>
<td>PROTECT CHILDREN FROM ABUSE, PRESERVE FAMILIES &amp; BUILD A STRONGER, SAFER COMMUNITY FOR ALL</td>
</tr>
<tr>
<td>Good Sleep 6526 S. AVE LOS ANGELES, CA 90043</td>
<td>14</td>
<td>PROVIDE SUPPORTIVE, NURTURING &amp; SPECIALIZED CARE FOR HOMELESS YOUTH, THROUGH TEMPORARY HOUSING</td>
</tr>
<tr>
<td>COVENANT HOUSE CALIFORNIA 1320 N. WESTERN AVE LOS ANGELES, CA 90021</td>
<td>6</td>
<td>DEDICATED TO SERVING ALL GOD'S CHILDREN, WITH ABSOLUTE RESPECT &amp; UNCONDITIONAL LOVE, TO HELP YOUTH EXPERIENCING HOMELESSNESS</td>
</tr>
<tr>
<td>LES ANGELES LGBT  YOUTH CENTER 1220 N. HIGHLAND AVE LOS ANGELES, CA 90038</td>
<td>10</td>
<td>BUILDING A WORLD WHERE LGBT PEOPLE THINK AS HEALTHY, EQUAL &amp; COMFORTABLE MembERS OF SOCIETY</td>
</tr>
</tbody>
</table>