

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

A Public Document

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 E-mail (213) 738-4644 mromero@dmh.lacounty.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> 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) _____
Provide Title/Explanation

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 <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)/ Passes	Describe the public purpose made pursuant to the agency's policy
PACIFIC CLINICS - HOPE CENTER 13001 RAMONA BL. STE I IRVINGDALE, CA 91706 STEP UP ON SECOND - DANIEL'S PLACE 1619 SANTA MONICA BL. SANTA MONICA, CA 90405	16	BUILDING ON PEOPLE'S STRENGTH, WE DELIVER QUALITY BEHAVIORAL & MENTAL HEALTH SERVICES.
	14	DELIVER COMPASSIONATE SUPPORT TO PEOPLE EXPERIENCING SERIOUS MENTAL ILLNESSES TO HELP THEM RECOVER, STABILIZE

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.

Mary Romero Barraza
MHC Program Manager III
9/26/17
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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 Continuation Sheet

Agency Name

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VILLAGE FAMILY SERVICES 6801 COLD WATER CANYON BL N. HOLLYWOOD, CA 91606	16	PROTECT CHILDREN FROM ABUSE, PRESERVE FAMILIES & BUILD A STRONGER, SAFER COMMUNITY FOR ALL
GOOD SEED 6568 5th AVE LOS ANGELES, CA 90043	14	PROVIDE SUPPORTIVE, NURTURING & SPECIALIZED CARE FOR HOMELESS YOUTH, THROUGH TEMPORARY HOUSING, COMPREHENSIVE SERVICES
COVENANT HOUSE CALIFORNIA 1325 N. WESTERN AVE LOS ANGELES, CA 90021	6	DEDICATED TO SERVING ALL GOD'S CHILDREN, WITH ABSOLUTE RESPECT & UNCONDITIONAL LOVE, TO HELP YOUTH EXPERIENCING HOMELESSNESS
LOS ANGELES LGBT YOUTH CENTER 1220 N. HIGHLAND AVE LOS ANGELES, CA 90038	10	BUILDING A WORLD WHERE LGBT PEOPLE THRIVE AS HEALTHY, EQUAL, & COMPLETE MEMBERS OF SOCIETY.