

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

A Public Document

1. Agency Name

County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Dpt Name <i>Dept. of Mental Health</i>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	Date of Original Filing: <input type="text"/> (Month, Day, Year)
Designated Agency Contact (Name, Title) <i>West Valley Mental He</i>			
Ticket administrator's name <i>Eva Carrera</i>			
Area Code/Phone Number	E-mail		
xxx-xxx-xxxx	xxxx		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description  Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$

Date(s)

If no:  Name of Source

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
<i>West Valley Mental He</i>		<i>Promoting clients attendance</i>
<i>Dept of MH 6841</i>		<i>LA county community events</i>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<i>Gelff, Sam</i>	<i>2</i>	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
<i>xx</i>	<i>xx</i>	<i>xx (see ticket policy to note section # &amp; purpose designated)</i>

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]*  *LATINA JACKSON*  Ticket Administrator

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: