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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable):
   Dept of Mental Health
   Designated Agency Contact (Name, Title): West Valley Mental HC
   Ticket administrator's name: Eva Carrera
   Area Code/Phone Number: XXX-XXXX
   E-mail:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ❑
   Face Value of Each Ticket/Pass $ 19.00
   Event Description: Los Angeles County Fair
   Date(s): 08 30 13
   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
      West Valley Mental HC
      Dept of MH 6841
      Promoting clients attendance
      LA County community events

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Self, Sam
      2
      Ceremonial Role ☑ Other ❑ Income ☑
      Other ☑ Income ☑
      Ceremonial Role ☑ Other ❑ Income ☑
      Ceremonial Role ☑ Other ☑ Income ☑

   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
      XX
      XX (see ticket policy to note section # & purpose designated)

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19347. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: XXX
   Print Name: INIA JACK
   Title: Ticket Administrator
   (Month, Day, Year)

Comment: