

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

A Public Document

<b>1. Agency Name</b>		Date Stamp:	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
División, Department, or Region (If Applicable)			
Department of Mental Health			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Allison Foster, Mental Health Clinical Supervisor		Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213-739-5409	afoster@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: Los Angeles County Fair Date(s) 08 / 30 / 13 09 / 29 / 13  
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
<u>The Help Group 7399A</u>	<u>4</u>	
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Ayala Guay</u>		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
<u>The Help Group Child and Family Center http://www.thehelpgroup.org/</u>	<u>4</u>	<u>Showing appreciation for a community program serving youth and benefiting County residents. (see comments)</u>

**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] US.M.T Honey, Dandelini FSP Coordinator 09-12-13  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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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
Foothill Family Service <a href="http://www.foothillfamily.org/">http://www.foothillfamily.org/</a>	10	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.

Sheila Thomas Sheila Thomas Clinical Director 9/23/13  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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