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

1. Agency Name
   County of Los Angeles
   Department of Mental Health
   Designated Agency Contact (Name, Title)
   Allison Foster, Mental Health Clinical Supervisor
   Area Code/Phone Number: E-mail
   213-730-5409 afoster@dmh.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Los Angeles County Fair
   Date(s): 08 / 30 / 13 09 / 29 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

3. Recipients
   Name of Agency, Department or Unit
   The Help Group 7397A
   Number: 4
   Number of Ticket(s)/Passes: 4
   Describe the public purpose made pursuant to the agency's policy:
   Showing appreciation for a community program serving youth and benefiting County residents. (see comments)

4. Verification
   I have read and understand PPCC Regulations 19944, 19942. I hereby verify that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee ☐
   Date: eg.12-13
   Comment: Outside organizations are distributing tickets to families participating in an outpatient mental health program.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Department of Mental Health
   Designated Agency Contact (Name, Title)
   Allison Foster, Mental Health Clinical Supervisor
   Area Code/Phone Number E-mail
   213-739-5409 afoster@doh.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ ________________
   Event Description Los Angeles County Fair
   Date(s) 08 / 30 / 13 09 / 29 / 13
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Los Angeles County Fair Association
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No □ Yes □

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
   
   B. Name of Individual (last, first) Number of Ticket(s)/Pass(es) Identify one of the following:
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:
      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)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Foothill Family Service
   http://www.foothillfamily.org/ 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.

   Signature of Agency Head or Designee
   Sheila Thomas
   Print Name
   Title
   (Month, Day, Year)
   Outside organizations are distributing tickets to families participating in an outpatient mental health program.

   Comment:

   9/23/13