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

1. **Agency Name**
   - County of Los Angeles
   
   **Division, Department, or Region (If Applicable)**
   - DMH Countywide
   
   **Designated Agency Contact (Name, Title)**
   - Marisol Peñaloza Mental Health Services Coordinator

   **Area Code/Phone Number**
   - (213) 739-5412

   **E-mail**
   - mpenaloza@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** LA County Fair
   - **Date(s)** 08 / 29 / 14 09 / 28 / 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **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

   Pacific Clinics - Asian Pacific Family Center
   - 7
   - 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 Person Authorized
   - Print Name
   - Position
   - Date: 9/10/14

   **Outside organizations are distributing tickets to 2 family participating in an outpatient mental health program.**

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

1. Agency Name
County of Los Angeles
DMH Countywide
Marisol Peñaloza Mental Health Services Coordinator

Area Code/Phone Number E-mail
(213) 739-5412 mpenaloza@dmh.lacity.gov

Date Stamp

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 $ 19.00
Event Description LA County Fair
Date(s) 08 / 29 / 14 09 / 28 / 14
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

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
The Help Group Child and Family Center 3 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
Kathy Chinchaprabhaves
Print Name
Honey, Jardine, K. Senior ESP Coordinator
Date (Month, Day, Year)
9/10/14

Outside organizations are distributing tickets to 2 family participating in our children's mental health program.

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   DMH Countywide
   Designated Agency Contact (Name, Title)
   Marisol Peñaloza Mental Health Services Coordinator
   Area Code/Phone Number (213) 739-5412
   E-mail mpenaloza@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 LA County Fair
   Date(s) 08/29/14 09/28/14
   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 officials? 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

   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:

   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
      Child & Family Guidance Center (Lennox) 4
      Showing appreciation for a community program serving youth and benefiting County residents. (see comments)

4. Verification
   I have read and understand FPPC Regulations 1994-1 and 1994-2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Date 08-10-14
   Print Name Lauren Richerson Child & Family Guidance Center
   Date of Original Filing: (Month, Day, Year) 08-10-14
   Comment: Outside organizations are distributing tickets to 1 family participating in an outpatient mental health program.

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)