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

1. Agency Name
Department of Mental Health
Division, Department, or Region (If Applicable)
Transition Age Youth System of Care
Designated Agency Contact (Name, Title)
Kimberly Martinez, Secretary III
Area Code/Phone Number: 213-738-3136
E-mail: kmartinez@dmh.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass: $20.00
Event Description: 2015 LA County Fair
Date(s): 9/1/2015
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: Los Angeles County Fair Association
Name of Source: 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 (See Note)
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
(Number include address and description)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

The Good Seed www.goodseedshelter.org [7]
Homeless youth temporarily in an Enhanced Emergency Shelter

Gateway Hospital 423 N. Hoover St. LA [3]
Homeless youth temporarily in an Enhanced Emergency Shelter

4. Verification
I have read and understand FPPC Regulations 19644.1 and 19845. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Kimberly Martinez
Print Name: Secretary III
Title: (Month, Day, Year) 9/9/2015
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**
**Continuation Sheet**

**Agency Name**

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### 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:**

  | Name of Agency | Number of Ticket(s)/Pass(es) | Public Purpose
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</table>

#### B. Name of Individual
- **Number of Ticket(s)/Pass(es):**
- **Identify one of the following:**
  - Ceremonial Role
  - Other
  - Income

  **If checking “Ceremonial Role” or “Other” describe below:**

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
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#### C. Name of Outside Organization
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency's policy:**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
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<tbody>
<tr>
<td>LA Gay and Lesbian</td>
<td>4</td>
<td>Homeless youth temporarily in an Enhanced Emergency Shelter</td>
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August 17, 2015

TO:        Bryan Mershon
           Carlotta Childs-Seagle
           Cathy Warner
           Irma Castaneda
           Terri Boykins

FROM:      Thao Do

SUBJECT:   2015 LA COUNTY FAIR TICKETS

As in past years, DMH received 70 tickets for distribution to various youth agencies/programs under the jurisdiction of our Department. Please see distribution below:

- Children's Systems of Care Bureau: 14
- Older Adults Services Bureau: 14
- Adult Systems of Care: 14
- Transition Age Youth-System of Care: 14 ✓
- Emergency Outreach Bureau: 14

Total: 70

Please note the FPPC regulation that tickets distributed to various youth agencies/programs in the community must be reported in on 802 Form (see the attached document).

Thank you.

TLD:tid

Attachment

Received by: [Signature]  Date: [Date]