

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Department of Mental Health <i>Division, Department, or Region (If Applicable)</i>			
Transition Age Youth System of Care <i>Designated Agency Contact (Name, Title)</i>			
Kimberly Martinez, Secretary III			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-738-3136	kmartinez@dmh.lacounty.gov	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: 2015 LA County Fair  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 20.00

Date(s) 9/1/2015 9/27/2015

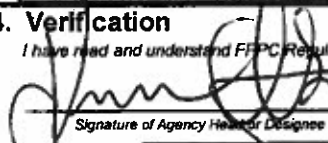
If no: Los Angeles County Fair Association  
*Name of Source*

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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 Good Seed www.goodseedshelter.org	7	Homeless youth temporarily in an Enhanced Emergency Shelter Pr
Gateways Hospital 423 N. Hoover St. LA, CA	3	Homeless youth temporarily in an Enhanced Emergency Shelter Pr

**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:  Kimberly Martinez Secretary III 9/9/2015  
*Print Name Title (Month, Day, Year)*

Comment: \_\_\_\_\_

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

Agency Name

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**3. Recipients**

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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

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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
LA Gay and Lesbian <a href="http://www.lalgbtca.org">http://www.lalgbtca.org</a>	4	Homeless youth temporarily in an Enhanced Emergency Shelter

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**  
**OFFICE OF THE DIRECTOR**

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	<u>14</u>
	<b>70</b>

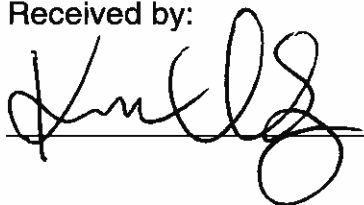
Please note the FPPC regulation that tickets distributed to various youth agencies/programs in the community must be reported in on 802 Form (see the attached document).

Thank you.

TLD:tld

Attachment

Received by:



Date: \_\_\_\_\_