

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

A Public Document

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System Division, Department, or Region <i>(If Applicable)</i>		Date Stamp	<b>California Form 802</b> For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Lisa Paulo, Clinical Review Specialist		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 10

Event Description Family Fun Day      Date(s) 8 / 28 / 16      8 / 28 / 16  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Rancho Cielo  
*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
Administration	77	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
<b>B. Name of Individual <small>(Last, First)</small></b>		
		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>
<b>C. Name of Outside Organization <small>(Include address and description)</small></b>		
		Describe the public purpose made pursuant to the agency's policy

**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.

 <small>Signature of Agency Head or Designee</small>	Lisa Paulo <small>Print Name</small>	Clinical Review Specialist <small>Title</small>	9/10/16 <small>(Month, Day, Year)</small>
---	---	--	--

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

**A Public Document**

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i> Lisa Paulo, Clinical Review Specialist			
Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
		Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 5

Event Description Family Fun Day      Date(s) 8 / 28 / 16      8 / 28 / 16  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Rancho Cielo  
*Name of Source*

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

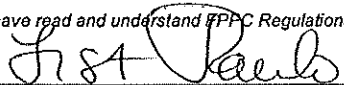
**3. Recipients**

• 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
Administration	19	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.*

 <small>Signature of Agency Head or Designee</small>	Lisa Paulo <small>Print Name</small>	Clinical Review Specialist <small>Title</small>	9/10/16 <small>(Month, Day, Year)</small>
--	---	--	--