

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

A Public Document

1. Agency Name Salinas Valley Memorial Healthcare System Division, Department, or Region <i>(If Applicable)</i>		Date Stamp	California Form 802 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 \$ _____ 80

Event Description Salinas Valley Food & Wine Festival Date(s) 8 / 13 / 16 8 / 13 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oldtown Salinas
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	4	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
<hr/>		
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Rey, Victor	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy
Garcia, Rafael	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy
<hr/>		
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>	8/13/16 <small>(Month, Day, Year)</small>
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Comment: VIP Tickets

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Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com	<input type="checkbox"/> 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 \$ _____ 40

Event Description Salinas Valley Food & Wine Festival Date(s) 8 / 13 / 16 8 / 13 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oldtown Salinas
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
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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
Administration	16	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)		
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Lisa Paulo Lisa Paulo Clinical Review Specialist 8/13/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: General Admission Tickets