

**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 (If Applicable)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Lisa Paulo, Clinical Review Specialist		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com	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 \$ _____ 225

Event Description Salinas Rodeo Date(s) 7 / 21 / 16 7 / 24 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Salinas Rodeo
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	14	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
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B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
D'Arrigo-Martin, Margaret	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy
<hr/>		
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

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>	7/31/16 <small>(Month, Day, Year)</small>
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Comment: VIP Passes

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Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 20

Event Description Salinas Rodeo Date(s) 7 / 21 / 16 7 / 24 / 16
(Provide Title/Explanation)

Ticket(s)/Pass(es) provided by agency? Yes No If no: Salinas Rodeo
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	54	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual <i>(Last, First)</i>		
Gil, Carmen	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
Rey, Victor	6	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
C. Name of Outside Organization <i>(include address and description)</i>		

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.

 _____ <i>Signature of Agency Head or Designee</i>	Lisa Paulo _____ <i>Print Name</i>	Clinical Review Specialist _____ <i>Title</i>	7/31/16 _____ <i>(Month, Day, Year)</i>
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Comment: General Admission Passes