

**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) Designated Agency Contact (Name, Title) Lisa Paulo, Clinical Review Specialist Area Code/Phone Number E-mail 831-759-1958 lpaulo@svmh.com	Date Stamp	California Form 802 For Official Use Only
<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 \$ _____ 150

Event Description Puttin on the Glitz Gala Date(s) 9 / 17 / 16 9 / 17 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Salinas Circle for Children
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	10	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)		
		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)		
		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>	9/25/16 <small>(Month, Day, Year)</small>
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