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

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Agency Name		Date Stamp	California Form 802		
Salinas Valley Memorial He	althcare System				
Division, Department, or Reg	ion (if applicable)		For Official Use Only		
Designated Agency Contact	(Name, Title)				
Gary Ray, Chief Legal Offic	er			Amendment (Must	Provide Explanation in Part 3 )
Area Code/Phone Number E-mail					
831-755-0764	gray@SalinasValley	/Health.com		Date of Original Filing	(month, day, year)
Function or Event Infor	mation		45.00		
Does the agency have a tick	No	Face Value of	Each Ticket/Pass \$ _	45.00	
Event Description: Awards	Luncheon	ation	Date(s) 04	<u>, 11 , 24</u>	//
Ticket(s)/Pass(es) provided			f no: Salinas	Valley Chamber of C	Commerce
Tickel(s)/Pass(es) provided by agency ? fes I No I into.				Name of Source	
Was ticket distribution made of agency official?	e at the behest Yes	No	f yes:	Official's Name (Last, First	)
Recipients • Use Section A to identify the ager	ncy's department or unit. • I	Use Section B to			
A. Name of Agency, Department or Unit Administration B. Name of Individual (Last, First)		of Ticket(s)/ Passes	Per IV.C Gift, Ticket & Honoraria Policy		
		10			
		Number of Ticket(s)/ Passes			
Rey, Victor		2			
			In support	of the district's missic	on to the community
		Number of Ticket(s)/ Passes	Describe ti	he public purpose made p	ursuant to the agency's policy
	Salinas Valley Memorial He Division, Department, or Reg Designated Agency Contact Gary Ray, Chief Legal Offic Area Code/Phone Number 831-755-0764 Function or Event Infor Does the agency have a tick Event Description: Awards Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Dep Administration B. Name of Ind (Last, Fin Rey, Victor	Salinas Valley Memorial Healthcare System         Division, Department, or Region (if applicable)         Designated Agency Contact (Name, Title)         Gary Ray, Chief Legal Officer         Area Code/Phone Number         831-755-0764         Function or Event Information         Does the agency have a ticket policy?         Yes         Event Description:         Awards Luncheon         Provide Title/ Explar         Ticket(s)/Pass(es) provided by agency?         Yes         of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         A.         Name of Agency, Department or Unit         Administration         B.       Name of Individual (Last, First)         Rey, Victor	Salinas Valley Memorial Healthcare System         Division, Department, or Region (if applicable)         Designated Agency Contact (Name, Title)         Gary Ray, Chief Legal Officer         Area Code/Phone Number         831-755-0764         Function or Event Information         Does the agency have a ticket policy? Yes         No         Event Description:         Awards Luncheon         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency? Yes         No         Was ticket distribution made at the behest Yes         of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or Unit         Administration         10         B.       Name of Individual (Last, First)         Rey, Victor       2         C.       Name of Outside Organization of Ticket(s)/	Salinas Valley Memorial Healthcare System         Division, Department, or Region (if applicable)         Designated Agency Contact (Name, Title)         Gary Ray, Chief Legal Officer         Area Code/Phone Number         Basinas Valley Health.com         E-mail         gray@SalinasValleyHealth.com         Function or Event Information         Does the agency have a ticket policy?         Yes       No         Face Value of         Event Description:         Awards Luncheon         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?         Yes       No         If no:       Salinas         Was ticket distribution made at the behest Yes       No         of agency official?       If yes:         * Use Section A to identify the agency's department or unit.       * Use Section B to identify an individ         Administration       10       Per IV.C G         B.       Name of Individual       Number of Ticket(s)/       Describe th         Rey, Victor       2       Ceree If chece       In support         Ceree       If check(s)/       Describe th         Rey, Victor       2       Ceree If chece       Ceree         Rey, Victor	Salinas Valley Memorial Healthcare System         Division, Department, or Region (if applicable)         Gary Ray, Chief Legal Officer         Area Code/Phone Number         Bisinas Valley Memorial Healthcare System         Basinas Valley Chief Legal Officer         Area Code/Phone Number         Bisinas Valley Health.com         Date of Original Filing         Date of Original Filing         Does the agency have a ticket policy?         Yes       No         Function or Event Information         Does the agency have a ticket policy?         Yes       No         Free Value of Each Ticket/Pass \$_         Event Description:       Awards Luncheon         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?       Yes         No       If no:         Salinas Valley Chamber of O         Name of Source         Was ticket distribution made at the behest Yes       No         If yes:       Official's Name (Last; First)         Passes       Describe the public purpose made prove of Ticket(s)/         Administration       10         Per IV.C Gift, Ticket & Honoraria         Rey, Victor       2         If enoking "Commonial Role Other"         If

#### 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.

Jam Ran Ga	ry Ray	Chief Legal Officer	4/23/24
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	EPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

## **General Information**

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

# Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

### **Reporting and Public Posting**

**Ticket Distribution Policies:** An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

**Form 802:** The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

#### **Privacy Information Notice**

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

### Instructions

Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

### Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

**Section A.** Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

**Section B.** Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

**Section C.** Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.



#### Agency Name

#### 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
_					
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
			Ceremonial Role Cther Income Income If checking "Ceremonial Role" or "Other" describe below:		
			Ceremonial Role Cother Income Income If checking "Ceremonial Role" or "Other" describe below:		
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		

Print

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