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

A Public Document

1.	Agency Name		Date Stamp California 80					
	Salinas Valley Memorial Heal	· · · · · · · · · · · · · · · · · · ·		Form For Official Use Only				
	Division, Department, or Region	n (If Applicable)		Tor Official Ose Only				
	Designated Agency Contact (Na	ame,Title)	-					
	Lisa Paulo, Clinical Review Sp	pecialist			□ Amondment (4)	provide explanation in Part 3.)		
	Area Code/Phone Number E	-mail		•				
	831-759-1958	paulo@svmh	Date of Original Filing:	(Month, Day, Year)				
2,	Function or Event Information							
	Does the agency have a ticket p	-	of Each Ticket/Pass \$ _	100				
	Event Description Golf Tournal	ment Provide Title/Expla	0 , 28 , 16	10 , 28 , 16				
	Ticket(s)/Pass(es) provided by a	agency?	Name of So					
	Was ticket distribution made at a of agency official?	the behest	m's Garden Foundatio	(Last, First)				
_				*****				
۶.	Recipients • Use Section A to identify the agency's	department or u	nit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	ntify 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		1	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:		
	Wardwell, Harry		Pass(es)	Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below:	Income		
				Per IV.C.2 d/e of G	Gift, Ticket & Honoraria	a Policy		
				Ceremonial Role		Income [
	Chen, Patrick MD		1	*	nial Role" or "Other" describe below: Bift, Ticket & Honoraria			
	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		it to the agency's policy		
1.	Verification		10010 11	Contribution Catalog Canada	for the second second	ille the requirements		
	I have read and understand FPPC Regulations 18944.1 and 1				forth above, is in accordance w Clinical Review Specia	list 11/6/16		
	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)		
	Comment:							

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



A. Name of Agency, Department or Unit Number of Ticket(e)/ Pass(es)	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.						
Fernandez, Robert MD 1 Ceremonial Role Other Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy Ceremonial Role Other							
Fernandez, Robert MD 1 Ceremonial Role Other Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy Ceremonial Role Other							
Fernandez, Robert MD Ceremonial Role Other Modern or *Other describe below: Ceremonial Role Other Modern or *Other describe below:							
Fernandez, Robert MD 1							
Ceremonial Role" or "Other" describe below: Ceremonial Role	Income						
If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other	Income						
l l	Income						
If checking "Ceremonial Role" or "Other" describe below:	Income						
C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	olicy						

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1.	Agency Name	***************************************	Date Stamp	California 802				
	Salinas Valley Memorial Hea	•]	Form For Official Use Only				
	Division, Department, or Regio	on (If Applicable)		. S. Shidai 030 Olly				
	Designated Agency Contact (A	lame, Title)						
	Lisa Paulo, Clinical Review S	3pecialist			Amendment (1)	rovíde explanation in Part 3.)		
	Area Code/Phone Number	E-mail			_			
_		lpaulo@svmł	n.com	***	Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Inform		d Each Title	90				
	Does the agency have a ticket		Yes⊠ No	—	of Each Ticket/Pass \$			
	Event Description Dinner & Da	ance Provide Title/Expla	Date(s)10) , 28 , 16	10 , 28 , 16			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:				Name of So	urce		
	Was ticket distribution made at	the beheet						
	Was ticket distribution made at the behest No ☑ Yes of agency official?			ப் ii yes:	n's Garden Foundation Official's Name (L	ast, First)		
3.								
	• Use Section A to identify the agency'	's department or u		The second state of the second second	sayo i salaysa ayayosya mee ya mahabaa	in the Health Charles the Art and the co		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Administration		1	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Wardwell, Harry		, 400(60)	Ceremonial Role If checking "Ceremon	Other ital Role" or "Other" describe below:	Income [
			1	Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy				
				Ceremonial Role If checking 'Ceremon	Other Inial Role" or "Other" describe below:	Income _		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy			
_				·				
4.	Verification I have read and understand FPPC Regula	Verification 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.						
	Fish low lo		Lisa Pa	ulo C	linical Review Special	ist 11/6/16		
	Signature of Agency Head or Designee		Print Nem	ne	Title	(Month, Day, Year)		
	Comment:							