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Agency Na		ts and Ticket/P	uoo Dio	DUITO	Date Stamp	A Public Document
		althcare System			Dute otamp	California 802
	Salinas Valley Memorial Healthcare System Division, Department, or Region (if applicable)					For Official Use Only
Designated A	gency Contact	(Name, Title)				
	rs, Director of Ir				Amendment (Mu	st Provide Explanation in Part 3.)
Area Code/Phone Number E-mail 831-759-1958 loelkers@svmh.com					Date of Original Filir	ng:(month, day, year)
. Function o	or Event Infor	 mation				(monut, day, year)
Does the ag	ency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	15.00
-		a Rodeo Salinas			21 , 202	, ,
Event Descr	iption	Provide Title/ Explai	nation			
Ticket(s)/Pas	ss(es) provided	by agency? Yes [No 🔳 If	no: Californ	Name of Source	
Was ticket d	istribution made	at the behest Yes [J No III II	yes:		
of agency of		de ino pondor 165 [,	Official's Name (Last, Fi	rst)
Recipient						
		ncy's department or unit.	Use Section B to i	dentify an individu	al. Use Section C to ide	entify an outside organization.
(TEXT) Y		AND THE PARTY	Number		Control (place)	
A. Na	me of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made	pursuant to the agency's policy
			Passes	the second		
Administra	ation		Passes 10	Per IV.C of	Gift, Ticket & Hono	
Administra	Name of Indi		10 Number of Ticket(s)/	Per IV.C of	Gift, Ticket & Hono	raria Policy
			10	Cerem	W/	raria Policy he following:
	Name of Indi		10 Number of Ticket(s)/	Cerem If check	Identify one of the	raria Policy he following: Income Income Income Income Income Income
В.	Name of Indi	rganization	10 Number of Ticket(s)/	Cerem If check Cerem If check	Identify one of the onial Role Other onial Role Other onial Role Other onial Role Other or "Other onial Role Other or "Other or "Ot	raria Policy he following: Income Income
B.	Name of Indi (Last, Fin	rganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check Cerem If check	Identify one of the onial Role Other onial Role Other onial Role Other onial Role Other or "Other onial Role Other or "Other or "Ot	raria Policy he following: Income I
C. (in Cypress H	Name of Indi (Last, Find Name of Outside Of Include address and Idealth Care Part Indian Understand FP	rganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2	Cerem If check Cerem If check Describe the	Identify one of the onial Role ☐ Other onial Role ☐ Other onial Role ☐ Other onial Role ☐ Other or "Other or "Ceremonial Role" or "Other or "Othe	raria Policy he following: Income I

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



	ipients ection A to identify the agency's department or un	it. •Use Section B to id	entify an individual. Use Section C to identify an outside organization.
A .	Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
		Passes	
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the following:
			Ceremonial Role Other for forcome Income Income
			Ceremonial Role Other I Income Income Income
			Ceremonial Role. Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		:	Ceremonial Role Other Income Income If checking "Geremonial Role" of "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
			·······