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

☐ **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 $ 125

Event Description: Man & Woman of the Year Grand Final *(Provide Title/Explanation)*

Date(s): 5 / 14 / 16 — 5 / 14 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Leukemia & Lymphoma Society *(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	8	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
LISA Paulo	Lisa Paulo	Clinical Review Specialist	5/21/16

Comment: _____