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

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1.	Agency Name	Date Stamp California 802						
	Salinas Valley Memorial Healthcare Syst				Form For Official Use Only			
	Division, Department, or Region (If Applicable		,					
	Designated Agency Contact (Name, Title)							
	Lisa Paulo, Clinical Review Specialist							
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)				
	831-759-1958 lpaulo@svn	nh.com		Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Information							
	Does the agency have a ticket policy?	☐ Face Value of	of Each Ticket/Pass \$	150				
	Event Description Mariachi & Tequila Fest Provide Title/Exp	Date(s)9	, 10 , 16	9 , 10 , 16				
	Ticket(s)/Pass(es) provided by agency?	Is If no: Nation	nal Steinbeck Center					
	., , , , , , , , , , , , , , , , , , ,	Yes ☐ No		Name of Source				
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	☐ If yes:	Official's Name (L	ast, 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	2	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy					
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:			
	Garcia, Rafael	Pass(es)	Ceremonial Role	Other ial Role" or "Other" describe below:	fncome _			
	Carola, Italiao		Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy					
	Castro, Robert MD	8	Ceremonial Role If checking *Ceremon	Other IX	Income _			
			Per IV.C.2 d/e of G	ift, Ticket & Honoraria	Policy			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy				
	1 17 11 11 11 11 11 11 11 11 11 11 11 11				,			
	Verification	110042 I hous ye	oriford that the distribution and t	orth above is in accordance with				
	I have read and understand FRPC Regulations 18944.1 and			linical Review Specialis				
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)			
	Comment:							

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



Salinas Valley Memorial Healthcare Sys	stem								
Recipients • Use Section A to identify the agency's department	Cipients e 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							
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:							
Rodriguez, Orlando MD	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy							
Ornelas, Henry	1	Ceremonial Role Other Income I							
		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:							
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							

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	Area Code/Phone Number	E-mail						
	831-759-1958	ipaulo@svm	nh.com	y tank kalendak kalendara kampilan kapanyan andaran kalen kalendaran angala karan maka ka	Date of Original Filing:	(Month, Day, Year)		
<u>}</u> .	Function or Event Infor			-		75		
	Does the agency have a ticke	•	Yes⊠ No	_	f Each Ticket/Pass \$ _			
	Event Description Mariachi &	Tequila Fest Provide Title/Expl	ival Ianation		, 10 , 16	9 , 10 , 16		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No!	If no: Nation	nal Steinbeck Center Name of Source			
	Was ticket distribution made a of agency official?	t the behest	No⊠ Yes	s				
}.	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 Nur Tic Pa			Describe the public purpose made pursuant to the agency's policy				
Administration			15	Per IV.C.2 a/b/c of	V.C.2 a/b/c of Gift, Ticket & Honoraria Policy			
			Number of					
	B. Name of Individua	Ticket(s)/ Pass(es)	Identify one of the following:					
				. Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🔲		
				Ceremonial Role	Other	Income		
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy			
-	Verification							
	I have read and understand FPPC Regul	ations 18944.1 and						
	Signature of Agency Head or Designee		Lisa Pau		inical Review Special			
	orginations of Agentsy related of Designee		runt iyami	o	Title	(Month, Day, Year)		
	Comment:							