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

A Public Document

1.	Agency Name		Date Stamp	California 802				
	Salinas Valley Memorial Hea	•		For Official Use Only				
	Division, Department, or Region	on (If Applicable,						
	Designated Agency Contact (/	Name, Title)						
	Lisa Paulo, Clinical Review S	Specialist	Amondment (15	provide evaluation in Red 2.1				
	Area Code/Phone Number		i e	Amendment (Must provide explanation in Part 3.)				
	831-759-1958 lpaulo@svmh.com				Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Information							
	Does the agency have a ticket	policy?	f Each Ticket/Pass \$.					
	Event Description Scramble	Provide Title/Expla	, 11 , 16	9 , 12 , 16				
		·	ce Giving Foundation					
	Ticket(s)/Pass(es) provided by	agency?	Name of S	Cource				
	Was ticket distribution made a	t the behest	- 0.00					
	of agency official?		Official's Name	(Last, First)				
3.	Recipients					102 10 10 1		
	Use Section A to Identify the agency	's department or u	ınit. ● Use Sec	ction B to identify an individ	ıal. ◆ Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit Number Ticket(s Pass(es			Describe the public purpose made pursuant to the agency's policy				
	Administration			Per IV.C.2 a/b/c of	Gift, Ticket & Honora	ria Policy		
			2					
	B. Name of Individua		Number of Ticket(s)		Identify one of the follo			
	B. Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremonial Role		wing:		
	(Last, Fast)		Number of Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follo	wing:		
	Peterson, Chris PA		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Per IV.C.2 d/e of G	Identify one of the following	wing: Income a Policy		
	(Last, Fast)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking "Ceremon	Identify one of the follo □ Other ⊠ lat Role" or "Other" describe below ift, Ticket & Honorari	wing: Income a Policy Income		
	Peterson, Chris PA Ramos, David MD		Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G	Identify one of the follo Other isl Role" or "Other" describe below ift, Ticket & Honorari Other isl Role" or "Other" describe below ift, Ticket & Honorari	wing: Income □ a Policy Income □ a Policy		
	Peterson, Chris PA	zation	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G	Identify one of the follo Other Identify one of the follo Identify one of the follow Identify of the describe below If the the describe below Identify of the describe below Identify of the describe below	a Policy Income		
	Peterson, Chris PA Ramos, David MD C Name of Outside Organi	zation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G	Identify one of the follo Other isl Role" or "Other" describe below ift, Ticket & Honorari Other isl Role" or "Other" describe below ift, Ticket & Honorari	a Policy Income		
	Peterson, Chris PA Ramos, David MD C Name of Outside Organi	zation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G	Identify one of the follo Other isl Role" or "Other" describe below ift, Ticket & Honorari Other isl Role" or "Other" describe below ift, Ticket & Honorari	a Policy Income		
	Peterson, Chris PA Ramos, David MD C. Name of Outside Organi (include address and desc	zation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G	Identify one of the follo Other isl Role" or "Other" describe below ift, Ticket & Honorari Other isl Role" or "Other" describe below ift, Ticket & Honorari	a Policy Income		
4.	Peterson, Chris PA Ramos, David MD C. Name of Outside Organi (include address and description)	zation cription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G	Identify one of the follo Other Identify one of the follo Identify one of the follow Identify of the describe below Iff, Ticket & Honorari Other Identify one of the follow Identify one of	a Policy Income a Policy Income		
4.	Peterson, Chris PA Ramos, David MD C. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Ceremonial Role If checking 'Ceremon Per IV.C.2 d/e of G Describe the put	Identify one of the follo Other Identify one of the follo Identify one of the follow Identify of the describe below Iff, Ticket & Honorari Other Identify one of the follow Identify one of	a Policy Income a Policy a Policy a Policy with the requirements.		

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

A Public Document

1.	Agency Name		Date Stamp	California 802						
	Salinas Valley Memorial He	althcare Syste		Form COL						
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only						
	Designated Agency Contact	(Name, Title)	_							
	Lisa Paulo, Clinical Review	Specialist			Amandment (Must assiste avalenties in Red 2)					
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)						
	831-759-1958	lpaulo@svm	h.com		Date of Original Filing:	(Month, Day, Year)				
2.										
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _							
	Event Description Scramble		, 11 , 16	9 , 12 , 16						
		Provide Title/Expla	ce Giving Foundation							
	Ticket(s)/Pass(es) provided by	y agency?	ce Giving Foundation Name of So	ource						
	Was ticket distribution made a	at the behest								
	of agency official?		☐ If yes:	Official's Name ((Last, First)					
3.	Recipients	Recipients								
	• Use Section A to identify the agence	y's department or u		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
	Administration 4		4	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 following:						
				Ceremonial Role If checking "Ceremon	Other island or "Other" describe below:	Income				
				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy				
					- Transport					
4.	Verification	ilations 18944.1 and	forth above, is in accordance wi	ith the requirements.						
	Grstland		Lisa Pa	ulo C	linical Review Special	list 9/25/16				
	Signature of Agency Head or Designee Comment:		nue	(Month, Day, Year)						