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

A Public Document

| 1. | Agency Name | | Date Stamp California Q 0 9 | | | | | | |
|----|---|-----------------------------------|---|--|---|--|--|--|--|
| | Salinas Valley Memorial Hea | althcare Syste | | Form OU2 | | | | | |
| | Division, Department, or Region | | | For Official Use Only | | | | | |
| | Designated Agency Contact (/ | Vame, Title) | | | | | | | |
| | Lisa Paulo, Clinical Review S | | | | | | | | |
| | Area Code/Phone Number | E-mail | Amendment (Must provide explanation in Part 3.) | | | | | | |
| | 831-759-1958 | lpaulo@svmh | | Date of Original Filing: | | | | | |
| 2. | Function or Event Information | | | | | | | | |
| | Does the agency have a ticket | | of Each Ticket/Pass \$. | | | | | | |
| | Event Description Salinas Val | lley Food & W Provide Title/Expla | <u>, 13 , 16</u> | 8 , 13 , 16 | | | | | |
| | Ticket(s)/Pass(es) provided by | agency? | vn Salinas Name of S | Source | | | | | |
| | Was ticket distribution made at of agency official? | t the behest | Official's Name | (Last, First) | | | | | |
| 3. | Recipients | | | | | | | | |
| | • Use Section A to identify the agency | | nit. • Use Sec | And the second second | titi ili sing kapa bahaga Mala sala | and the state of t | | | |
| | 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 | | 4 | Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy | | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ | | Identify one of the follo | wing: | | | |
| | Rey, Victor | | Pass(es) 4 | Ceremonial Role | Other Silal Role" or "Other" describe below | Income [| | | |
| | | | | Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy | | | | | |
| | Garcia, Rafael | | 4 | i - | Other Other Other Other describe below | | | | |
| | | | | Per iv.c.2 d/e or d | ant, ricket & monoran | ia Fullcy | | | |
| | 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 | | nt to the agency's policy | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4. | Verification | ations 180// 1 and | 18042 have ve | edfied that the distribution set | forth above is in accordance | with the requirements | | | |
| | I have read and understand FPPC Regulations 18944.1 and | | | | linical Review Specia | alist 8/13/16 | | | |
| | Signature of Agency Head or Designee | | Title | (Month, Day, Year) | | | | | |
| | Comment: VIP Tickets | | | | | | | | |

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

A Public Document

| 1. | Agency Name | · | Date Stamp | California 802 | | | | |
|----------------------------------|---|------------------|--|--|--|--|--|--|
| | Salinas Valley Memorial Health | care Syster | | Form 002 | | | | |
| | Division, Department, or Region (| (If Applicable) | | For Official Use Only | | | | |
| | Designated Agency Contact (Nam | re, Title) | | | | | | |
| | Lisa Paulo, Clinical Review Spe | cialist | C Amandanant (Atur) | | | | | |
| | Area Code/Phone Number E-n | nail | | provide explanation in Part 3.) | | | | |
| | 831-759-1958 lpa | aulo@svmh | n.com | | Date of Original Filing:(Month, Day, Year) | | | |
| 2. Function or Event Information | | | | | | | | |
| | Does the agency have a ticket pol | - | f Each Ticket/Pass \$ _ | | | | | |
| | Event Description Salinas Valley | Food & W | Date(s)8 | , 13 , 16 | 8 , 13 , 16 | | | |
| | Pro | vide Title/Expla | | | | | | |
| | Ticket(s)/Pass(es) provided by ag | Yes ☐ No | If no: Oldtown Salinas Name of Source | | | | | |
| | Was ticket distribution made at the | e behest | | | | | | |
| | Was ticket distribution made at the behest No ☒ Yes ☐ of agency official? | | | ☐ If yes: | Official's Name (| (Last, First) | | |
| 3. | Recipients | | - | (Marie 40) | | | | |
| | 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 | | 16 | Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy | | | | |
| 4. | 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 If checking 'Ceremon | Other I lat 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 pursuan | the state of the s | | |
| | Verification | | | | | | | |
| | I have read and understand FRPC Regulation | is 18944.1 and | orth above, is in accordance w | ith the requirements. | | | | |
| | | | | ulo C | linical Review Specia | list 8/13/16 (Month, Day, Year) | | |
| | Comment: General Admission T | Tickets | | ζ – η η | | | | |
| | Commond | | | | | EPPC Form 802 /4/12 | | |