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

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-		 16:		11111	en

1.	Agency Name				Date Stamp	California 802	
	Salinas Valley Memorial Healtho	m			Form For Official Use Only		
	Division, Department, or Region (if Applicable)				For Official Use Only	
	Designated Agency Contact (Name, Title)						
	Lisa Paulo, Clinical Review Spe	cialist			Amendment (Must	orovide explanation in Part 3.)	
	Area Code/Phone Number E-n	nail	•		Amendment (Must provide explanation in Part 3.)		
		ulo@svml	n.com		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Informat		10				
				of Each Ticket/Pass \$ _			
	Event Description Family Fun Day Provide Title/Explanation Date(s)				8 , 28 , 16		
	7701	nao maa Empia		⊠ If no: Ranch	o Cielo		
	Ticket(s)/Pass(es) provided by ag	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: No ☒				ource	
	Was ticket distribution made at the of agency official?	e behest	No ⊠ Yes	☐ If yes:	Official's Name	(Last, First)	
3.	Recipients						
	• Use Section A to identify the agency's de	partment or u		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Administration		77	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy		ria Policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	vingr	
			. 200(00)	Ceremonial Role If checking "Ceremon	Other Intercipe Delow:	Income	
				Ceremonial Role If checking "Ceremon	Other Other ital Role" or "Other" describe below:	Income _	
	C. Name of Outside Organization (include address and descript		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
Ī.	Verification	s 18944 1 and	18942 have w	edited that the distribution set	orth above is in accordance w	silh the requirements	
	I have read and understand FPPC Regulations 18944.1 and		Lisa Pa		linical Review Specia		
	Signature of Agency Head or Designee		Print Nan		Title	(Month, Day, Year)	
	Comment:					EDDO Farra 000 /4/40	

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A Public Document

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1.	Agency Name				Date Stamp	California 802	
	Salinas Valley Memorial He	althcare Syste	m			Form 004	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Designated Agency Contact (Nome Title)					
		•					
	Lisa Paulo, Clinical Review	*	Amendment (Must	provide explanation in Part 3.)			
	Area Code/Phone Number E-mail				Data of Original Filings		
	831-759-1958	lpaulo@svml	n.com		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				5	
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$ _				
	Event Description Family Fun Day Date(s) —				, 28 , 16	8 , 28 , 16	
	Event begonpaon	Provide Title/Expla	nation	Dato(0)			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Ranch				o Cielo		
		, ,	100 🗀 110	<u></u>	Name of Source		
	Was ticket distribution made a	it the behest	No⊠ Yes	☐ If yes:	Official's Name (Last, First)		
	of agency official?	•			Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or ι		ction B to identify an Individu	ial. • Use Section C to idei	ntify an outside organization.	
	A. Name of Agency, Department or Unit Number Ticket(set(set(set(set(set(set(set(set(set(s			Describe the public purpose made pursuant to the agency's policy			
	Administration	19	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy				
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other	Income	
				Ceremonial Role If checking "Ceremon	Other in Other obscribe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy	
4.	Verification	lations 18944.1 and	18942. I have ve	enfied that the distribution set fo	orth above, is in accordance w	ith the requirements.	
FISA KOOD		Lisa Pa	ulo Ci	linical Review Specia	list 9/10/16		
	Signature of Agency Head or Designee	<u> </u>	Print Nam		Title	(Month, Day, Year)	
	•						
	Comment:						