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

A Public Document

I. Agency Name		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California OAO	
Salinas Valley Memorial Healthcare	Svetem		Date Clamp	Form 802	
Division, Department, or Region (If Ap)	-	For Official Use Only			
stroight separations, or negion (#AP)	unvanie)				
Designated Agency Contact (Name, Title	e)				
Lisa Paulo, Clinical Review Speciali	[] Amandmantini	provide evalencias in Dad 6.1			
Area Code/Phone Number E-mail			Amendment' (Must provide explanation in Part 3.)		
831-759-1958 Ipaulo(	@svmh.com		Date of Original Filing: (Month, Day, Year)		
. Function or Event Information			······································	225	
Does the agency have a ticket policy?	Yes 🛛 No	-	of Each Ticket/Pass \$ _	220	
Event Description Salinas Rodeo		Date(s)7	, 21 , 16	7 , 24 , 16	
Provide 7	ītle/Explanation				
Ticket(s)/Pass(es) provided by agency	Name of Sc	s Rodeo  Name of Source			
Was ticket distribution made at the bel	hest Natol Vaa	☐ If you			
Was ticket distribution made at the behest No ⊠ Yes ☐ If yes:Official's Name (Last, First)					
. Recipients			·		
Use Section A to identify the agency's department		ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)					
Administration	Per IV.C.2 a/b/c of	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 follow	raj Palana di Lara	
D'Arrigo-Martin, Margaret		Ceremonial Role	Other  ital Role" or "Other" describe below:	Income	
DAMYONIAIUM, Malyalet	6	1	Gift, Ticket & Honoraria		
Garcia, Rafael	<del>-  </del>	l The state of the	mial Role" or "Other" describe below:		
	1	Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy			
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			
The state of the s			· · · <u></u>		
. Verification I have read and understand FPPG Regulations 189	44.1 and 18042 I have	erified that the distribution set	forth above is in accordance	ith the requirements	
Jist Luis	Lisa Pa	ulo C	linical Review Specia	list 7/31/16	
Signature of Agency Head or Designee	Print Narr	n <del>o</del>	Title	(Month, Day, Year)	
Comment: VIP Passes					

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

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1. Agency Name		Date Stamp	California 802			
Salinas Valley Memorial Hea	Ithcare Syste		Form 004			
Division, Department, or Regio	n (If Applicable)		For Official Use Only			
Designated Agency Contact (A	ame, Title)					
- ·	·					
Lisa Paulo, Clinical Review Specialist  Area Code/Phone Number   E-mail			Amendment (Must provide explanation in Part 3.)			
·	 Ipaulo@svml	a.com		Date of Original Filing:(Month, Day, Year)		
2. Function or Event Inform	· -	<del>.</del>			(monar, bay, rear)	
Does the agency have a ticket	policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ _		
Event Description Salinas Roo		, 21 , 16	7 , 24 , 16			
	_	Yes ☐ No	াস If no: Salina	s Rodeo		
Ticket(s)/Pass(es) provided by	agency?	Name of Source				
Was ticket distribution made at of agency official?	the behest	No⊠ Yes	☐ If yes:	Official's Name (	(Last, First)	
3. Recipients	a danartmant or 11	nit Allea Sar	ction B to identify an individu	ual Allse Section C to iden	ntify an outside organization	
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 organiz      Number of Ticket(s)/Pass(es)						
Administration 54			Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy			
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
Gil, Carmen		Pass(es)	I -	Other  interpretable below: ift, Ticket & Honoraria		
Rey, Victor		6	I -	Other  interpretation of the control		
C. Name of Outside Organiz (include address and desc	Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
	· · · · · · · · · · · · · · · · · · ·					
4. Verification I have read and understahd FPPC Regula	Hone 180// 1 and	18042   have us	prified that the distribution sat 6	orth above is in accordance un	oith the requirements	
F1St Chulo		Lisa Paulo C		inical Review Special	list 7/31/16	
Signature of Agency Head or Designee  General Admission	n Passes	Lisa Pai Print Nam		inical Review Special गи	list 7	