

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

**A Public Document**

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Lisa Paulo, Clinical Review Specialist		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 575

Event Description Golf Tournament Date(s) 6 / 23 / 16 6 / 25 / 16  
Provide Title/Explanation

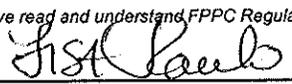
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Grower-Shippers  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, 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>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**  
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Lisa Paulo Clinical Review Specialist 6/25/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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Designated Agency Contact (Name, Title) Lisa Paulo, Clinical Review Specialist			
Area Code/Phone Number 831-759-1958	E-mail lpaulo@svmh.com	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description Fashion Show Date(s) 6 / 24 / 16 6 / 24 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Grower-Shippers  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, 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	3	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
D'Arrigo-Martin, Margaret	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per IV.C.2 e/f of Gift, Ticket & Honoraria Policy
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

**4. Verification**  
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 \_\_\_\_\_ Lisa Paulo \_\_\_\_\_ Clinical Review Specialist \_\_\_\_\_ 6/25/16 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System Division, Department, or Region <i>(If Applicable)</i>  Designated Agency Contact <i>(Name, Title)</i> Lisa Paulo, Clinical Review Specialist Area Code/Phone Number      E-mail 831-759-1958                      lpaulo@svmh.com	Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 175

Event Description Chairman's Dinner      Date(s) 6 / 25 / 16      6 / 25 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Grower-Shippers  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: \_\_\_\_\_  
Official's Name (Last, 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	4	Per IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____ <small>Signature of Agency Head or Designee</small>	Lisa Paulo _____ <small>Print Name</small>	Clinical Review Specialist _____ <small>Title</small>	6/25/16 _____ <small>(Month, Day, Year)</small>
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