

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

A Public Document

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|---|--|--|---|
| 1. Agency Name 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 | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ 125

Event Description Women's Education & Leadership Forum Date(s) 9 / 29 / 16 9 / 29 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Hartnell College
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 | 5 | 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: |
| D'Arrigo-Martin, Margaret | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2 d/e of Gift, Ticket & Honoraria Policy |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| 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 |
| | | |

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.

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|---|---|--|--|
| <small>Signature of Agency Head or Designee</small> | Lisa Paulo <small>Print Name</small> | Clinical Review Specialist <small>Title</small> | 11/7/16 <small>(Month, Day, Year)</small> |
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