

**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: _____ (Month, Day, Year)	
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 \$ \_\_\_\_\_ 100

Event Description 21st Annual Dia de Los Muertos Banqu    Date(s) 10 / 30 / 16    10 / 30 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Center for Community Advocacy  
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	8	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:
Rey, Victor	2	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 d/e of Gift, Ticket & Honoraria Policy
Ramos, David MD	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 d/e of Gift, Ticket & Honoraria Policy
<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.*

 <small>Signature of Agency Head or Designee</small>	Lisa Paulo <small>Print Name</small>	Clinical Review Specialist <small>Title</small>	11/6/16 <small>(Month, Day, Year)</small>
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 Continuation Sheet

Agency Name

Salinas Valley Memorial Healthcare System

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• 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
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Oh, Christopher MD	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>
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C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy