

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$100.00

Event Description Champions of Hope, Man/Woman Year Date(s) 5 / 4 / 13 5 / 4 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Leukemia & Lymphoma Society
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	10	Per 2 a.b.c. of Gift/Ticket/Honoraria Policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		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 <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have _____ 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Lisa Paulo _____ Revenue Int & Compliance Dir _____ 5/13/13
Print Name Title (Month, Day, Year)

Comment: Tickets received for contribution to Leukemia & Lymphoma Society