

**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> Designated Agency Contact <i>(Name, Title)</i> Lisa Paulo, Revenue Integrity & Compliance Director 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: _____ <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 \$ _____ 200

Event Description Back to the Valley Golf Event: Hospice Date(s) 5 / 31 / 13 5 / 31 / 13
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: Hospice Foundation
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 2 a/b/c/ of Gift, Ticket & Honoraria Policy
B. Name of Individual <small>(Last, First)</small>		
		Identify one of the following:
Wardwell, Harry		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 2 c/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>		
Dr. Chen 355 Abbott Street, Salinas CA 93901	1	Per 2 c/e of Gift, Ticket & Honoraria Policy
SVMHS Foundation 450 East Romie Lane, Salinas CA 93901	2	Per 2 c/e of Gift, Ticket & Honoraria Policy

4. Verification

I have reviewed sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ <i>Signature of Agency Head or Designee</i>	Lisa Paulo <i>Print Name</i>	Rev Integ & Comp Director <i>Title</i>	6/7/2013 <i>(Month, Day, Year)</i>
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Comment: Tickets received for event support of Hospice Foundation