

**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 (If Applicable)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Lisa Paulo, Revenue Integrity & Compliance Director			
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 \$ _____ 100

Event Description VNA Monte Carlo Casino Night Date(s) 6 / 15 / 13 6 / 15 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: VNA
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	6	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: 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 (include address and description)		
SVMHS Foundation	2	Per IV.C.2.a/b/c of Gift, Ticket & Honoraria Policy

4. Verification

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

_____ Lisa Paulo _____ Rev Inte & Compliance Dir _____ 6/20/13
Print Name Title (Month, Day, Year)

Comment: Attendance was provided through SVMHS contribution of the event.