

**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 M. Paulo | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number 831-759-1958 | E-mail lpaulo@svmh.com | 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 \$ _____ 150

Event Description Culinary Roundup Date(s) 01 / 19 / 14 01 / 19 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Rancho Cielo
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 | 4 | Per 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) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| David Ramos, MD | 2 | Per 2 c/e of Gift Ticket Honoraria Policy |
| Orlando Rodriguez, MD | 2 | Per 2 c/e of Gift Ticket Honoraria Policy |

4. Verification
 I have read and understand the FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| | | | |
|---|---------------------------|---------------------------|-----------------------------------|
| | Lisa Paulo | Rev. Integ. & Compl. Dir. | 1/24/14 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |