

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 175

Event Description Man&Woman of the Year Date(s) 5 / 10 / 14 5 / 10 / 14
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	8	Per IV.C.2.a/b/c
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)		
Haghighat, Peyman MD	2	Per IV.C.2. c/e

4. Verification

(d)(5) _____ ss 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: _____ Print Name: Lisa Paulo Title: Rev Intg / Compliance Director Date: 6/3/14
(Month, Day, Year)

Comment: Seats were provided for marketing support.