

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

**A Public Document**

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System Division, Department, or Region <i>(If Applicable)</i>  Designated Agency Contact <i>(Name, Title)</i> Lisa Paulo, Revenue Integrity and Compliance Director Area Code/Phone Number   E-mail 831-759-1958   lpaulo@svmh.com		Date Stamp  <div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">                     California Form <span style="font-size: 24pt;">802</span> </div> For Official Use Only  <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <span style="font-size: 8pt;">(Month, Day, Year)</span>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description California Rodeo VIP Tickets    Date(s) 7 / 17 / 14    7 / 20 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: California Rodeo  
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	11	Per IV.C.2.a/b/c of Gift, Ticket and Honoraria Policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Rey, Victor	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per IV.C.2.c/e of Gift, Ticket and Honoraria Policy
Garcia, Rafael	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per IV.C.2.c/e of Gift, Ticket and Honoraria Policy
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

Lisa Paulo  
Print Name

Compliance Director  
Title

7/29/14  
(Month, Day, Year)

Comment: Ticket received for Marketing Support