

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

A Public Document

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|---|------------|---|
| 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 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 \$ _____ 125

Event Description Have a Heart for Students Dinner Date(s) 2 / 21 / 15 2 / 21 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Cal State University Monterey Bay
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 IV.C.2 a/b/c of Gift, Ticket & Honoraria Policy |
| | | |
| B. Name of Individual <i>(Last, First)</i> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Ray, Gary | 2 | 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 IV.C.2 d/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 <i>(Include address and description)</i> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

_____ _____ _____
 Lisa Paulo Compliance Director 2/24/15
Print Name *Title* *(Month, Day, Year)*