

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

**A Public Document**

|                                                                                                       |                              |                                                                          |                            |
|-------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------|----------------------------|
| <b>1. Agency Name</b>                                                                                 |                              | Date Stamp                                                               | <b>California Form 802</b> |
| Salinas Valley Memorial Healthcare System                                                             |                              |                                                                          | For Official Use Only      |
| Division, Department, or Region (if applicable)                                                       |                              |                                                                          |                            |
| Designated Agency Contact (Name, Title)<br>Renée W. Jaenicke, Director of Internal Audit & Compliance |                              |                                                                          |                            |
| Area Code/Phone Number<br>831-759-1958                                                                | E-mail<br>rjaenicke@svmh.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) |                            |
|                                                                                                       |                              | Date of Original Filing: _____<br><small>(month, day, year)</small>      |                            |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 20.00

Event Description: California Rodeo Salinas    Date(s) 7 / 19 / 18    7 / 22 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Delgado, Pete, President/CEO  
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)/ Passes | Describe the public purpose made pursuant to the agency's policy                                                                                                                   |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administration                                                    | 98                          | Per IV.C. of Gift, Ticket & Honoraria Policy                                                                                                                                       |
|                                                                   |                             |                                                                                                                                                                                    |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:                                                                                                                                                     |
|                                                                   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy                                                                                                                   |
|                                                                   |                             |                                                                                                                                                                                    |
|                                                                   |                             |                                                                                                                                                                                    |

**4. Verification**

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

|                                                                                     |                           |                               |                                   |
|-------------------------------------------------------------------------------------|---------------------------|-------------------------------|-----------------------------------|
|  | Renée W. Jaenicke         | Dir., Internal Audit & Compl. | 7/27/2018                         |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>          | <small>(month, day, year)</small> |

Comment: \_\_\_\_\_