

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

A Public Document

1. Agency Name

Salinas Valley Memorial Health Care System
Division, Department, or Region (if applicable)

Date Stamp

California **802**
Form
For Official Use Only

Designated Agency Contact (Name, Title)

Renée W. Jaenicke, Director of Internal Audit & Compliance

Area Code/Phone Number

E-mail

831-759-1958

rjaenicke@svmh.com

Amendment (Must Provide Explanation in Part 3.)

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 \$ 125.00

Event Description: CSUMB Annual Showcase Date(s) 5 / 2 / 19 5 / 2 / 19
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes No 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Administration	6	Per IV.C. of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wardwell, Jeff	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C. 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 (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
Signature (of Agency Head or Designee)

Renée W. Jaenicke
Print Name

Dir., Internal Audit & Compl.
Title

5/3/2019
(month, day, year)

Comment: _____