

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

A Public Document

1. Agency Name

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

Date Stamp

California Form **802**
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 \$ 35.00

Event Description: Artichoke Festival Sponsor Dinner Date(s) 6 / 27 / 19 6 / 27 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Castro Artichoke Festival
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 | 8 | 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | 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.


Signature of Agency Head or Designee

Renée W. Jaenicke
Print Name

Dir., Internal Aud. & Compl.
Title

6/28/2019
(month, day, year)

Comment: _____