## Agency Report of:

	A I.				
Cerem	nonial	Role	Events:	and Ticket/Pass	Distributions

A Public Document

		are and the second party and party of the pa	Variation and the Contract of		TO COMPANY AND THE PROPERTY OF					
	Agency Name		Date Stamp		ornia 802					
	Salinas Valley Memorial He	-	ļ	Fo	Official Use Only					
	Division, Department, or Reg	ion (if applicable		FOI	Official Ose Only					
			]		******					
	Designated Agency Contact									
	Renée W. Jaenicke, Directo	or of Internal A	Amendment (Must Provide Explanation in Part 3.)							
	Area Code/Phone Number									
	831-759-1958	rjaenicke@	svmh.co	m		Date of Original Filling:	(month,	fay, year)		
)	Function or Event Infor	mation								
Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 150.00										
	- •			24/1 3 NO□1 ,				40 47		
	Event Description: Hospice	Provide 1	ate(s) <del>9</del>	<u>, 10 , 17 </u>	_9/_	10 / 17				
	Ticket(s)/Pass(es) provided		Foundation							
	Tionon(o)/i doo(oo) providod	Dy agonoy.	100 [			Name of Source	•			
	Was ticket distribution made	e at the behe	st Yes[	] No⊠ If	yes:	Official's Name (Last, First)				
	of agency official?					Omelara realito (Edal, 1 hot)				
	D I I									
۶.	Recipients  • Use Section A to identify the ager	we's danartment	sennit + l	Ica Saction R to i	dantifican individ	lual + Tisa Section C to iden	tify an outsi	le arganization		
	Ose Section A to identity the ager	icy s department	or unit.	Number	T	dan. Oscoccion o to iden	tity air outsit			
	A. Name of Agency, Dep	A. Name of Agency, Department or Unit		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
	A -1			Passes	Par IV C 2, albia of Citt. Tigket & Hangraria Baliau					
	Administration	dministration		5	Per IV.C.2. a/b/c of Gift, Ticket & Honoraria Policy					
					1					
				Number						
	F-1	Name of Individual (Last, First)		of Ticket(s)/ Passes	Identify one of the following:					
	-			F45665	Corno	nonial Role Other		Income		
	Harry Wardwell	Harry Wardwell		a If chec		king "Ceremonial Role" or "Other" describe below:				
			Per IV.C.2.		d/e of Gift, Ticket & Honoraria Policy					
	<u> </u>				Casan	nonial Role Other [	7	Income		
						king "Ceremonial Role" or "Other" d	_	ilicolite []		
						•				
	Name of Outside Organization		Number							
	C. Name of Outside C			of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to th	agency's policy		
								·		
	2									
4	Verification	<u>.</u>								
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordar										
	with the requirements.	. C. toguidio		100 141			<i>&gt;</i>	,		
· · · · · · · · · · · · · · · · · · ·			W. Jaenicke Dir		., Internal Audit & Cor	nol.	9/12/2017			
			int Name		Title		(month, day, year)			
	(									
	Comment:									