

**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 | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| Area Code/Phone Number 831-759-1958 | E-mail rjaenicke@svmh.com | 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 \$ 55.00

Event Description: IMPOWER luncheon Date(s) 01 / 18 / 18 01 / 18 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: IMPOWER
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 | 9 | Per IV.C.2. a/b/c of Gift, Ticket & Honoraria Policy |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Wardwell, Jeff | 1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| 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.
1/19/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____