

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

A Public Document

1. Agency Name Salinas Valley Memorial Healthcare System <i>Division, Department, or Region (if applicable)</i>		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 831-759-1958	E-mail rjaenicke@svmh.com	<input type="checkbox"/> 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 \$ 65.00

Event Description: IMPOWER luncheon Date(s) 10 / 3 / 19 10 / 3 / 19
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	10	Per IV.C. of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)		
		Identify one of the following:
Gage, Regina	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. 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)		
		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 Renée W. Jaenicke Dir., Internal Audit & Compl. 10/4/2019
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____