

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

**A Public Document**

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System Division, Department, or Region (if applicable)		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Designated Agency Contact (Name, Title)</b> Renée W. Jaenicke, Director of Internal Audit and Compliance			
<b>Area Code/Phone Number</b> 831-759-1958	<b>E-mail</b> rjaenicke@svmh.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
		<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 15.00

Event Description: Castroville Artichoke Festival Date(s) 6 / 3 / 17 6 / 4 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Pete Delgado, CEO  
*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.2. a/b/c of Gift, Ticket & Honoraria Policy
<b>B. Name of Individual (Last, First)</b>		
	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>
<b>C. Name of Outside Organization (include address and description)</b>		
	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., Audit & Compl. 6/8/2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: As part of our sponsorship we received 10 admission tickets that could be used on either day.