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

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1.	Agency Name				Date Stamp California 802			
	Salinas Valley Memorial Healthcare System					Fo		
	Division, Department, or Reg			For	Official Use Only			
	Designated Agency Contact (Name, Title)					***************************************		
	Renée W. Jaenicke, Director of Internal Audit & Compliance						######################################	
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)			
					Date of Original Filling:			
	831-759-1958	rjaenicke@svmh.co	om		Date of Original Fi	(month,	day, year)	
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of I				Each Ticket/Pass	s 195.00		
	Event Description: BSA Ag Industry Dinner Date(s) 4				<u> 21 / 18</u>	_4_/_	21 / 18	
	Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: BSA, Mo				onterey Bay Council			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: BSA, NO				Name of Source			
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:							
	of agency official?				Official's Name (Last,	First)		
********				de Marakananana Anna dalahan mendang ya ekanana na ekan adan 4 na ekan				
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 of Ticket(s)/ Describe the				e public purpose mad	lo pursuant to th	o oponovio policy	
	A. Name of Agency, Department or Unit of 1			Describe to	e papiic purpose maa	е ризнанию и	e agency's policy	
	Administration		Per IV.C. of Gift, Ticket & Honoraria Policy					
		1	To the or one make a pronorana ronoy					
		· · · · · · · · · · · · · · · · · · ·						
	B. Name of Individual of							
	B. Name of Indi	of Ticket(s)/ Passes	Identify one of the following:					
	O - 11	<u> </u>	Cerem	nonial Role Ot	her 🗍	Income		
	Scalberg, Ernest		2	If check	king "Ceremonial Role" or "Ot	ther" describe below:	r" describe below:	
			2	Per IV.C. of	Gift, Ticket & Hor	ioraria Policy		
				Comm	nonial Role Otl	her 🔲	Income 🔲	
				•	iomal Role [_] Oil iding "Ceremonial Role" or "Ot		псоле 🗀	
			Number	The mention receiving a				
	C. Name of Outside O	of Ticket(s)/ Passes	Describe th	e public purpose mad	le pursuant to th	e agency's policy		
			rasses	<u> </u>	e data de puedes de la Profesio en en el composición de la composición del composición de la composici		into designaria a successi in trasfirmo di e	
12572744114				A CONTRACTOR OF THE PROPERTY O	With the second	<u> дамирования политова и политова по</u>	od Maria de Carlos de Carl	
4.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribution	set forth above	e, is in accordance	
	" " " " " " " " " " " " " " " " " " "	W. Jaenicke	Dir.	, Internal Audit &	Compl.	5/4/2018		
	Signature of Agency Head or Designee Print Name				Title		(month, day, year)	
	~							
	Comment:							