

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 225+\$80+10

Event Description: California Rodeo Date(s) 7 / 13 / 18 7 / 13 / 18  
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: Delgado, Pete, President/CEO  
Official's Name (Last, First)

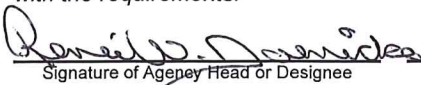
**3. Recipients**

• 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  | 4+6+2                       | Per IV.C. of Gift, Ticket & Honoraria Policy  |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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. \_\_\_\_\_ 7/20/2018  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \$225 sponsor badges, \$80 for standing floor tickets, \$10 for parking passes